| Fill in this information to identify your case:   |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:           |                               |                                   |
| MIDDLE DISTRICT OF FLORIDA, JACKSONVILLE DIVISION |                               |                                   |
| Case number (if known)                            | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

#### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t1: Identify Yourself  |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's                              | Tiffany First name  J.                         | First name                                    |
|     | license or passport).  | Middle name                                    | Middle name                                   |
|     | Bring your picture identification to your meeting with the trustee.  | Riley Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years  | Tiffany Jeanine Hall                           |   |
|     | Include your married or maiden names.  | Tiffany Jeanine Riley                          |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-8844                                    |   |

Debtor 1 Riley, Tiffany J.

Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 917 Davis St NE   | If Debtor 2 lives at a different address:  |
|    |   | Live Oak, FL 32064-1931  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |   | Suwannee  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I<br>have lived in this district longer than in any other<br>district.                          | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |   |   |  |

### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 3 of 58

| Deb | tor 1                  | Riley, Tiffany J.   |                     |   |  |   | Case number (if known)  |      |
|-----|------------------------|---|---------------------|---|--|---|---|------|
|     |                        |   |                     |   |  |   |   |      |
| Par | t 2:                   | Tell the Court About Y  | our Bankr           | uptcy Ca                                  | se   |   |   |      |
| 7.  | Bank                   | chapter of the<br>cruptcy Code you are<br>sing to file under  |                     |   |  | ach, see <i>Notice Required by 11</i><br>d check the appropriate box. | 1 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Fo   | orm  |
|     | CHOC                   | ising to the under  | ■ Chapt             | er 7                                      |  |   |   |      |
|     |                        |   | ☐ Chapt             | er 11                                     |  |   |   |      |
|     |                        |   | ☐ Chapt             | er 12                                     |  |   |   |      |
|     |                        |   | ☐ Chapt             | er 13                                     |  |   |   |      |
| 8.  | How                    | you will pay the fee  | abo<br>If yo<br>pre | out how you<br>our attorne<br>-printed ac | u may pay. Typically<br>y is submitting you<br>Idress. | y, if you are paying the fee yours<br>payment on your behalf, your a  | with the clerk's office in your local court for more details self, you may pay with cash, cashier's check, or money or attorney may pay with a credit card or check with a  |      |
|     |                        |   |                     |   | nstallments (Officia                                   |   | n, sign and attach the Application for Individuals to Pay Ti  | ne   |
|     |                        |   | not<br>you          | required to                               | o, waive your fee, a<br>ze and you are unat            | nd may do so only if your incom                                       | only if you are filing for Chapter 7. By law, a judge may, be is less than 150% of the official poverty line that applies.) If you choose this option, you must fill out the <i>Applicati</i> and file it with your petition. | s to |
|     |                        |   |                     |   |  |   |   |      |
| 9.  |                        | you filed for ruptcy within the last  | No.                 |   |  |   |   |      |
|     | 8 yea                  | ars?  | ☐ Yes.              |   |  |   |   |      |
|     |                        |   |                     | District                                  |  | When  | Case number   |      |
|     |                        |   |                     | District                                  |  | When  | Case number   |      |
|     |                        |   |                     | District                                  |  | When  | Case number   |      |
| 10. |                        | any bankruptcy cases  | ■ No                |   |  |   |   |      |
|     | a spo<br>this<br>a bus | ling or being filed by<br>buse who is not filing<br>case with you, or by<br>siness partner, or by<br>filiate? | ☐ Yes.              |   |  |   |   |      |
|     |                        |   |                     | Debtor                                    |  |   | Relationship to you   |      |
|     |                        |   |                     | District                                  |  | When  | Case number, if known   |      |
|     |                        |   |                     | Debtor                                    |  |   | Relationship to you   |      |
|     |                        |   |                     | District                                  |  | When  | Case number, if known   |      |
| 11. |                        | ou rent your  | □ No.               | Go to I                                   | ine 12.  |   |   |      |
|     | resid                  | lence?  | Yes.                | Has yo                                    | ur landlord obtained                                   | d an eviction judgment against y                                      | ou and do you want to stay in your residence?   |      |
|     |                        |   |                     | •   | No. Go to line 12.                                     |   |   |      |
|     |                        |   |                     |   | Yes. Fill out <i>Initial</i> bankruptcy petition       |   | udgment Against You (Form 101A) and file it with this   |      |
|     |                        |   |                     |   |  |   |   |      |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 4 of 58

| Deb | tor 1 Riley, Tiffany J.   |            |                            |  | Case number (if known)  |
|-----|---|------------|----------------------------|--|---|
|     |   |            |                            |  |   |
| Par | Report About Any Bu   | sinesses ` | You Own                    | as a Sole Propriet                           | or  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.      | Go to                      | Part 4.                                      |   |
|     |   | ☐ Yes.     | Name                       | e and location of bus                        | siness  |
|     | A sole proprietorship is a  |            | New                        | and housings as if any                       |   |
|     | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. |            |                            | e of business, if any                        |   |
|     | If you have more than one sole proprietorship, use a separate sheet and attach it                                     |            | Numl                       | ber, Street, City, Sta                       | tte & ZIP Code  |
|     | to this petition.   |            | Chec                       | k the appropriate bo                         | ox to describe your business:   |
|     |   |            |                            | Health Care Busir                            | ness (as defined in 11 U.S.C. § 101(27A))   |
|     |   |            |                            | Single Asset Real                            | Estate (as defined in 11 U.S.C. § 101(51B))   |
|     |   |            |                            | Stockbroker (as d                            | lefined in 11 U.S.C. § 101(53A))  |
|     |   |            |                            | Commodity Broke                              | er (as defined in 11 U.S.C. § 101(6))   |
|     |   |            |                            | None of the above                            | e   |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?               | deadlines  | s. If you in<br>s, cash-fl | ndicate that you are a low statement, and fe | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure in 11 |
|     | For a definition of small   | ■ No.      | I am                       | not filing under Chap                        | pter 11.  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.      | I am<br>Code               |  | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|     |   | ☐ Yes.     | I am                       | filing under Chapter                         | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |
| Par | 4: Report if You Own or   | Have Anv   | Hazardo                    | ous Property or An                           | y Property That Needs Immediate Attention   |
|     | Do you own or have any  | ■ No.      |                            |  |   |
|     | property that poses or is alleged to pose a threat of   |            |                            |  |   |
|     | imminent and identifiable hazard to public health or  | □ res.     | What is                    | the hazard?                                  |   |
|     | safety? Or do you own<br>any property that needs<br>immediate attention?  |            |                            | diate attention is why is it needed?         |   |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?     |            | Where i                    | is the property?                             |   |
|     | - ,   |            |                            |  | Number, Street, City, State & Zip Code  |
|     |   |            |                            |  |   |

Debtor 1 Riley, Tiffany J.

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about

I am not required to receive a briefing abou credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or makinç rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 6 of 58

| Deb | tor 1 Riley, Tiffany J.  |                           |   | Case n  | umber (if known)   |
|-----|--|---------------------------|---|---|--|
| Par | 6: Answer These Question                                       | ons for Repo              | rting Purposes  |   |  |
| 16. | What kind of debts do you have?                                |                           | re your debts primarily consur<br>dividual primarily for a personal, f  |   | defined in 11 U.S.C.§ 101(8) as "incurred by an  |
|     |  |                           | No. Go to line 16b.   |   |  |
|     |  |                           | Yes. Go to line 17.   |   |  |
|     |  |                           |   | ss debts? Business debts are debugh the operation of the business       | ebts that you incurred to obtain money sor investment.   |
|     |  |                           | No. Go to line 16c.   |   |  |
|     |  |                           | Yes. Go to line 17.   |   |  |
|     |  | 16c. S                    | tate the type of debts you owe tha                                      | t are not consumer debts or busir                                       | ness debts   |
| 17. | Are you filing under Chapter 7?                                | □ No. I                   | am not filing under Chapter 7. Go                                       | to line 18.   |  |
|     | Do you estimate that after any exempt property is excluded and |                           |   | estimate that after any exempt pr<br>distribute to unsecured creditors? | operty is excluded and administrative expenses are   |
|     | administrative expenses are paid that funds will be            |                           | No  |   |  |
|     | available for distribution to unsecured creditors?             |                           | ] Yes   |   |  |
| 18. | How many Creditors do  | <b>1</b> -49              |   | <b>1</b> ,000-5,000   | <b>2</b> 5,001-50,000  |
|     | you estimate that you owe?                                     | □ 50-99                   |   | ☐ 5001-10,000<br>☐ 40,004.05.000  | □ 50,001-100,000   |
|     |  | □ 100-199<br>□ 200-999    |   | ☐ 10,001-25,000   | ☐ More than100,000   |
| 19. | How much do you  | □ \$0 - \$50,             | 000   | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion  |
|     | estimate your assets to be worth?                              | \$50,001                  |   | □ \$10,000,001 - \$50 million   | □ \$1,000,000,001 - \$10 billion   |
|     |  |                           | 1 - \$500,000<br>1 - \$1 million  | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior          | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion   |
| 20. | How much do you  | \$0 - \$50,               | 000   | □ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion  |
|     | estimate your liabilities to be?                               | \$50,001                  |   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million            | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                                |
|     |  |                           | 1 - \$500,000<br>1 - \$1 million  | □ \$100,000,001 - \$500 million   |  |
| Par | 7: Sign Below  |                           |   |   |  |
| For | you  | I have exam               | ined this petition, and I declare ur                                    | nder penalty of perjury that the info                                   | ormation provided is true and correct.   |
|     |  |                           |   | n aware that I may proceed, if eligunder each chapter, and I choose     | gible, under Chapter 7, 11,12, or 13 of title 11, United to proceed under Chapter 7.                 |
|     |  |                           | y represents me and I did not pay<br>ed and read the notice required by |   | not an attorney to help me fill out this document, I   |
|     |  | I request rel             | ief in accordance with the chapte                                       | er of title 11, United States Code,                                     | specified in this petition.  |
|     |  |                           | sult in fines up to \$250,000, or im                                    |   | y or property by fraud in connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|     |  | Tiffany J.<br>Signature o | Riley   | Signature of D  | Debtor 2   |
|     |  | Executed or               |   | Executed on   |  |
|     |  |                           | MM / DD / YYYY  |   | MM / DD / YYYY   |
|     |  |                           |   |   |  |

|   | Case 3:16-bk-02469-JAF                    | Doc 1          | Filed 06/29/16               | Page 7 of 58  |
|---|---|----------------|------------------------------|---|
| Debtor 1 Riley, Tiffany J   |   |                | Case r                       | number (if known)   |
|   |   |                |                              |   |
| For your attorney, if you are represented by one                                    | Chapter 7, 11, 12, or 13 of title 11, Uni | ited States Co | ode, and have explained the  | ned the debtor(s) about eligibility to proceed under<br>e relief available under each chapter for which the<br>required by 11 U.S.C. § 342(b) and, in a case in |
| If you are not represented by<br>an attorney, you do not need<br>to file this page. |   | nat I have no  | knowledge after an inquiry t | that the information in the schedules filed with the  |
|   | /s/ Keith D. Collier                      |                | Date                         | June 29, 2016   |
|   | Signature of Attorney for Debtor          |                |                              | MM / DD / YYYY  |
|   | Keith D. Collier                          |                |                              |   |
|   | Printed name                              |                |                              |   |
|   | Law Office of Keith D. Collier,           | PLLC           |                              |   |
|   | Firm name                                 |                |                              |   |
|   | 2350 Park St                              |                |                              |   |
|   | Jacksonville, FL 32204-4318               |                |                              |   |
|   | Number, Street, City, State & ZIP Code    |                |                              |   |
|   | Contact phone (904) 981-8100              |                | Email address                | collier@keithdcollier.com   |

633771 Bar number & State

Certificate Number: 15725-FLM-CC-027511079



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on May 26, 2016, at 5:00 o'clock PM EDT, Tiffany Riley received from 001 Debtorce, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Middle District of Florida, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 26, 2016 By: /s/Martha Estrellado

Name: Martha Estrellado

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

| Fill in this info                                      | rmation to identify your accou  |  |                                    |                   |  |                       |                                      |                                 |
|--|---|--|------------------------------------|-------------------|--|-----------------------|--------------------------------------|---------------------------------|
| FIII IN this into                                      | rmation to identify your case:  |  |                                    | ieck on<br>2A-1Sı | e box only as di                         | rected in             | this form and ir                     | n Form                          |
| Debtor 1   | Tiffany J. Riley  |  |                                    | 2/( 100           | .рр.                                     |                       |                                      |                                 |
| Debtor 2   |   |  |                                    | ■ 1. T            | here is no presi                         | umption o             | f abuse                              |                                 |
| (Spouse, if filing)                                    |   |  |                                    | Пат               | he calculation to                        | o determir            | ne if a presumr                      | tion of abuse                   |
| United States  | Bankruptcy Court for the:  Middle District of Division  | Florida, Jackson                         | ville                              | á                 | applies will be m<br>Calculation (Office | ade unde              | erChapter 7 Mea                      |                                 |
| Case number (if known)                                 |   |  | _                                  |                   | he Means Test<br>military service b      |                       |                                      | use of qualified                |
|  |   |  |                                    | □ Ch              | eck if this is a                         | n ameno               | ded filing                           |                                 |
|  | Form 122A - 1   |  |                                    |                   |  |                       |                                      |                                 |
| Chapter  | 7 Statement of Your Cur   | rent Mor                                 | ithly Inc                          | ome               | 9  |                       |                                      | 12/15                           |
| a separate shee<br>number (if knov<br>military service | and accurate as possible. If two married people a<br>t to this form. Include the line number to which th<br>vn). If you believe that you are exempted from a p<br>complete and file Statement of Exemption from<br>alculate Your Current Monthly Income | ne additional infor<br>resumption of abu | mation applies.<br>use because you | On the u do no    | top of any additi                        | onal page<br>consumer | s, write your nar<br>debts or becaus | me and case<br>se of qualifying |
| 1. What is   | your marital and filing status? Check one on  | lv.                                      |                                    |                   |  |                       |                                      |                                 |
|  | narried. Fill out Column A, lines 2-11.   | .,.                                      |                                    |                   |  |                       |                                      |                                 |
| _  | ed and your spouse is filing with you. Fill ou  | it both Columns                          | A and B, lines 2                   | 2-11.             |  |                       |                                      |                                 |
| _  | ed and your spouse is NOT filing with you.  |  | ·                                  |                   |  |                       |                                      |                                 |
| _  | ring in the same household and are not lega   |  |                                    | ımna A            | and P. lines 2                           | 1.1                   |                                      |                                 |
| _  |   |  |                                    |                   | •  |                       | 41-i- 11-                            |                                 |
| pe   | ring separately or are legally separated. Fill of<br>enalty of perjury that you and your spouse are legular for reasons that do not include evading the N   | ally separated un                        | nder nonbankru                     | ptcy lav          | v that applies or                        |                       |                                      |                                 |
| Fill in the av   | rerage monthly income that you received from all  | sources, derived                         | during the 6 full                  | l month           | s before you file                        |                       |                                      |                                 |
|  | or example, if you are filing on September 15, the 6-m<br>Id the income for all 6 months and divide the total by  |  |                                    |                   |  |                       |                                      |                                 |
| own the sam  | e rental property, put the income from that property in   | n one column only.                       | If you have nothi                  | ing to re         | port for any line, v                     | vrite \$0 in t        | he space.                            | ·                               |
|  |   |  |                                    | Colur             |  | Column<br>Debtor      |                                      |                                 |
|  |   |  |                                    | DODIC             |  |                       | ng spouse                            |                                 |
|  | oss wages, salary, tips, bonuses, overtime, a eductions).   | and commissior                           | ns (before all                     | \$                | 2,802.36                                 | \$                    | 0.00                                 |                                 |
| ,  | <b>and maintenance payments.</b> Do not include B is filled in.   | payments from a                          | a spouse if                        | \$                | 0.00                                     | \$                    | 0.00                                 |                                 |
| of you o<br>from an u<br>roommat                       | unts from any source which are regularly par your dependents, including child support.<br>unmarried partner, members of your household,<br>tes. Include regular contributions from a spouse<br>actude payments you listed on line 3                     | Include regular o                        | contributions                      | n.<br>\$          | 0.00                                     | \$                    | 0.00                                 |                                 |
|  | me from operating a business, profession,   | or farm                                  |                                    |                   |  |                       |                                      |                                 |
|  |   | Deb                                      | otor 1                             |                   |  |                       |                                      |                                 |
| Gross re   | ceipts (before all deductions)  | \$ 0.00                                  |                                    |                   |  |                       |                                      |                                 |
| •  | and necessary operating expenses  | -\$ 0.00                                 |                                    | •                 | 0.00                                     | •                     | 0.00                                 |                                 |
| Net mon  | thly income from a business, profession, or far   | m \$ <b>0.00</b> _                       | Copy here ->                       | • \$              | 0.00                                     | \$                    | 0.00                                 |                                 |
| 6. Net inco  | me from rental and other real property  | Deb                                      | otor 1                             |                   |  |                       |                                      |                                 |
| Gross re   | ceipts (before all deductions)  | \$ 0.00                                  |                                    |                   |  |                       |                                      |                                 |
|  | and necessary operating expenses  | -\$ 0.00                                 |                                    |                   |  |                       |                                      |                                 |
| •  | thly income from rental or other real property  | \$ 0.00                                  | Copy here ->                       | ·\$               | 0.00                                     | \$                    | 0.00                                 |                                 |
| 7. Interest,   | dividends, and royalties  |  |                                    | \$                | 0.00                                     | \$                    | 0.00                                 |                                 |

Official Form 122A-1

| Debto | 1 Riley, Tiffany J.  |   |              | Case number       | er (if known) |                                    |           |           |
|-------|--|---|--------------|-------------------|---------------|------------------------------------|-----------|-----------|
|       |  |   |              | Column A Debtor 1 |               | Column B  Debtor 2 or non-filing s |           |           |
| 8.    | Unemployment compensation  |   |              | \$                | 0.00          | \$                                 | 0.00      |           |
|       | Do not enter the amount if you contend that the amount in Social Security Act. Instead, list it here:  | eceived was a benefit                           | under the    |                   |               |                                    |           |           |
|       | For you  | 5   | 0.00         |                   |               |                                    |           |           |
|       | For your spouse S  | _   | 0.00         |                   |               |                                    |           |           |
|       | Pension or retirement income. Do not include any am under the Social Security Act.   |   |              | \$                | 0.00          | \$                                 | 0.00      |           |
| 10.   | Income from all other sources not listed above. Spenot include any benefits received under the Social Secura victim of a war crime, a crime against humanity, or intell f necessary, list other sources on a separate page and p   | ity Act or payments re<br>rnational or domestic | ceived as    |                   |               |                                    |           |           |
|       | ·  |   |              | \$                | 0.00          | \$                                 | 0.00      |           |
|       |  |   |              | \$                | 0.00          | \$                                 | 0.00      |           |
|       | Total amounts from separate pages, if any.   |   | +            | \$                | 0.00          | \$                                 | 0.00      |           |
| 11.   | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column A total f |   | \$           | 2,802.36          | +             | 0.00                               | \$        | 2,802.36  |
| Part  | Determine Whether the Means Test Applies to  | o You   |              |                   |               |                                    | incom     |           |
| 12.   | Calculate your current monthly income for the year   | Follow these steps:                             |              |                   |               |                                    |           |           |
|       | 12a. Copy your total current monthly income from line  | 11  |              | Сор               | y line 11 h   | ere=>                              | \$        | 2,802.36  |
|       | Multiply by 12 (the number of months in a year)  |   |              |                   |               |                                    | X         |           |
|       | 12b. The result is your annual income for this part of the   | form  |              |                   |               | 12b                                | ·   \$    | 33,628.32 |
| 13.   | Calculate the median family income that applies to   | you. Follow these step                          | os:          |                   |               |                                    |           |           |
|       | Fill in the state in which you live.   | FL  |              |                   |               |                                    |           |           |
|       | Fill in the number of people in your household.  | 1   |              |                   |               |                                    |           |           |
|       | Fill in the median family income for your state and size To find a list of applicable median income amounts, go form. This list may also be available at the bankruptcy  | online using the link                           | specified in | the separa        | ate instructi | 13.<br>ons for this                | \$        | 43,136.00 |
| 14.   | How do the lines compare?  |   |              |                   |               |                                    |           |           |
|       | <ul><li>Line 12b is less than or equal to line 13. C</li><li>Go to Part 3.</li></ul>   | on the top of page 1, o                         | check box    | 1T,here is no     | presumptio    | on of abuse.                       |           |           |
|       | 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.  | of page 1, check box                            | 2Ţhe presu   | ımption of aı     | buse is dete  | ermined by Fo                      | orm 122A  | -2.       |
| Part  | 3: Sign Below  |   |              |                   |               |                                    |           |           |
|       | By signing here, I declare under penalty of perjury t  | hat the information on                          | this staten  | nent and in a     | any attachm   | nents is true ar                   | nd correc | t.        |
|       | X /s/ Tiffany J. Riley Tiffany J. Riley  |   |              |                   |               |                                    |           |           |
|       | Signature of Debtor 1  Date June 29, 2016  |   |              |                   |               |                                    |           |           |
|       | MM / DD / YYYY   |   |              |                   |               |                                    |           |           |
|       | If you checked line 14a, do NOT fill out or file Form  | m 122A-2.                                       |              |                   |               |                                    |           |           |
|       | If you checked line 14b, fill out Form 122A-2 and t  | ile it with this form.                          |              |                   |               |                                    |           |           |

Debtor 1

#### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 11 of 58

| Fill                | in this inform   | nation to identify your o   | case:   |   |  |              |                               |
|---------------------|--|---|---|---|--|--------------|-------------------------------|
|                     | btor 1   | Tiffany J. Riley  |   |   |  |              |                               |
| <b>D</b> . I        |  | First Name  | Middle Name   | Last Name   |  |              |                               |
|                     | btor 2<br>ouse if, filing)   | First Name  | Middle Name   | Last Name   |  |              |                               |
| Uni                 | ited States Bar  | nkruptcy Court for the:   | MIDDLE DISTRICT OF  | FLORIDA, JACKSONVILLE   | DIVISION   |              |                               |
| Cas                 | se number  |   |   |   |  |              |                               |
| (if kr              | nown)  |   |   |   |  | _            | k if this is an<br>ded filing |
|                     |  | rm 106Sum   |   | nd Contain Statist  | :!!  |              |                               |
| Be a<br>info<br>you | as complete and a com | nd accurate as possibl<br>out all of your schedule<br>ns, you must fill out a r | le. If two married people<br>es first; then complete th   | nd Certain Statist are filing together, both are the information on this form to the box at the top of this p | e equally responsible for a<br>. If you are filing amended | supplying    |                               |
| Par                 | rt 1: Summa  | arize Your Assets   |   |   |  |              |                               |
|                     |  |   |   |   |  | Your a       | ssets<br>of what you own      |
| 1.                  | Schedule A/<br>1a. Copy line   | <b>/B: Property</b> (Official Foe 55, Total real estate, fr                     | orm 106A/B)<br>rom Schedule A/B                           |   |  | \$           | 58,763.00                     |
|                     | 1b. Copy line  | e 62, Total personal prop   | perty, from Schedule A/B.                                 |   |  | \$           | 71,726.00                     |
|                     | 1c. Copy line  | e 63, Total of all property   | y on Schedule A/B   |   |  | \$           | 130,489.00                    |
| Par                 | rt 2: Summa  | arize Your Liabilities  |   |   |  |              |                               |
|                     |  |   |   |   |  |              | abilities<br>t you owe        |
| 2.                  |  |   | aims Secured by Property<br>mn AAmount of claim, at th    | (Official Form 106D)<br>ne bottom of the last page of F   | Part 1 of Schedule D                                       | \$           | 119,720.00                    |
| 3.                  |  |   | Unsecured Claims (Officia<br>1 (priority unsecured clair  | l Form 106E/F)<br>ns) from line 6e <b>&amp;chedule</b> E/   | /F   | \$           | 0.00                          |
|                     | 3b. Copy the   | e total claims from Part  | 2 (nonpriority unsecured of                               | claims) from line 6j &chedule   | e E/F  | \$           | 36,130.00                     |
|                     |  |   |   |   | Your total liabilities                                     | \$           | 155,850.00                    |
| Par                 | rt 3: Summa  | arize Your Income and   | Expenses  |   |  |              |                               |
| 4.                  |  | Your Income(Official Forombined monthly income                                  |   | l   |  | \$           | 2,121.45                      |
| 5.                  |  | Your Expenses (Official onthly expenses from line                               | ,   |   |  | \$           | 2,764.00                      |
| Par                 | rt 4: Answe  | r These Questions for   | Administrative and Stati                                  | istical Records   |  |              |                               |
| 6.                  | -  |   | er Chapters 7, 11, or 13?<br>on this part of the form. Ch | eck this box and submit this f  | form to the court with your of                             | ther schedu  | ıles.                         |
| 7.                  | <ul><li>Yes</li><li>What kind o</li></ul>  | f debt do you have?   |   |   |  |              |                               |
|                     | ■ Your d   | ebts are primarily cons   |   | debts are those "incurred by a tical purposes. 28 U.S.C§ 15   |  | ersonal, far | mily, or household            |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

#### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 12 of 58

Debtor 1 Riley, Tiffany J. Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 2,802.36

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim | 1    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

#### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 13 of 58

|  | nation to identify y                            | our case and this      | s filing:   |   |   |  |
|--|---|------------------------|---|---|---|--|
|  |   |                        | , illing.   |   |   |  |
| Debtor 1   | Tiffany J. Rile                                 | <b>ey</b><br>Middle    | Name  | Last Name   |   |  |
| Debtor 2   |   |                        |   |   |   |  |
| Spouse, if filing)   | First Name                                      | Middle                 | Name  | Last Name   |   |  |
| Inited States Bar  | nkruptcy Court for the                          | he: MIDDLE DIS         | STRICT OF FLORIDA   | A, JACKSONVILLE DIVISIO   | ON  |  |
| ase number _   |   |                        |   | -   |   | ☐ Check if this is an amended filing   |
|  |   |                        |   |   |   | 3  |
| Official Fo  | rm 106A/B                                       |                        |   |   |   |  |
|  | e A/B: Pr                                       | onerty                 |   |   |   | 12/15  |
|  |   | <u> </u>               |   | n asset fits in more than one   |   |  |
| Do you own or hard No. Go to Part  ■ Yes. Where is           | 2.  | itable interest in an  | y residence, building, l  | land, or similar property?  |   |  |
|  |   |                        |   |   |   |  |
| 1  |   |                        | What is the property  | ? Check all that apply  |   |  |
|  | icky Dr   |                        | Single-family h   | nome  | Do not deduct secured of  |  |
| 235 SW Lu  | ucky Dr<br>if available, or other descr         | ription                |   | nome<br>ti-unit building  | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Clair  | ed claims on Schedule D:   |
| 235 SW Lu  |   | ription                | Single-family h   | nome<br>ti-unit building  | the amount of any secure<br>Creditors Who Have Clair  | d claims on Schedule D:<br>ms Secured by Property.   |
| 235 SW Lu  |   | ription 32024-3624     | Single-family h   | nome<br>ti-unit building<br>or cooperative  | the amount of any secure  | ed claims on Schedule D:   |
| 235 SW Lu<br>Street address, i                               | if available, or other descr                    |                        | Single-family h Duplex or mult Condominium Manufactured Land Investment pro   | nome<br>ti-unit building<br>or cooperative<br>or mobile home  | the amount of any secure Creditors Who Have Clair  Current value of the   | d claims on Schedule D:<br>ms Secured by Property.  Current value of the<br>portion you own?           |
| 235 SW Lu<br>Street address, i                               | if available, or other descr<br>FL              | 32024-3624             | Single-family h Duplex or mult Condominium Manufactured Land Investment pro   | nome<br>ti-unit building<br>or cooperative<br>or mobile home  | current value of the entire property?  \$58,763.00  Describe the nature of y  | current value of the portion you own? \$58,763.0   |
| 235 SW Lu<br>Street address, i                               | if available, or other descr<br>FL              | 32024-3624             | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other   | nome ti-unit building or cooperative or mobile home   | current value of the entire property?  \$58,763.00  Describe the nature of y (such as fee simple, ter   | current value of the portion you own? \$58,763.0   |
| 235 SW Lu<br>Street address, i                               | if available, or other descr<br>FL              | 32024-3624             | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other Who has an interest   | nome<br>ti-unit building<br>or cooperative<br>or mobile home  | current value of the entire property?  \$58,763.00  Describe the nature of y  | current value of the portion you own? \$58,763.0   |
| 235 SW Lu<br>Street address, i                               | if available, or other descr<br>FL              | 32024-3624             | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other   | nome ti-unit building or cooperative or mobile home   | current value of the entire property?  \$58,763.00  Describe the nature of y (such as fee simple, ter   | current value of the portion you own? \$58,763.0   |
| 235 SW Lu Street address, i  Lake City City                  | if available, or other descr<br>FL              | 32024-3624             | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other Who has an interest Debtor 1 only   | nome ti-unit building or cooperative or mobile home operty  in the property? Check one  | current value of the entire property?  \$58,763.00  Describe the nature of y (such as fee simple, ter a life estate), if known.   | Current value of the portion you own? \$58,763.0   |
| 235 SW Lu Street address, i  Lake City City  Columbia        | if available, or other descr<br>FL              | 32024-3624             | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other Who has an interest Debtor 1 only Debtor 1 and D  | nome ti-unit building or cooperative or mobile home operty  in the property? Check one  | current value of the entire property?  \$58,763.00  Describe the nature of y (such as fee simple, ter   | Current value of the portion you own? \$58,763.00  your ownership interest lancy by the entireties, or |
| 235 SW Lu Street address, i  Lake City City  Columbia        | if available, or other descr<br>FL              | 32024-3624             | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other Who has an interest Debtor 1 only Debtor 2 only At least one of   | inome iti-unit building or cooperative or mobile home operty  in the property? Check one Debtor 2 only the debtors and another ou wish to add about this item           | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$58,763.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  | Current value of the portion you own? \$58,763.00  your ownership interest lancy by the entireties, or |
| 235 SW Lu Street address, i  Lake City City  Columbia        | if available, or other descr<br>FL              | 32024-3624             | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other Who has an interest Debtor 1 only Debtor 2 only At least one of Other information years   | inome it-unit building or cooperative or mobile home operty  in the property? Check one Debtor 2 only the debtors and another ou wish to add about this iter on number: | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$58,763.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  | Current value of the portion you own? \$58,763.0   |
| Lake City City Columbia                                      | if available, or other descr<br>FL              | 32024-3624             | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other Who has an interest Debtor 1 only Debtor 2 only At least one of Other information yo  | inome it-unit building or cooperative or mobile home operty  in the property? Check one Debtor 2 only the debtors and another ou wish to add about this iter on number: | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$58,763.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  | Current value of the portion you own? \$58,763.00  your ownership interest lancy by the entireties, or |
| 235 SW Lu Street address, i  Lake City City  Columbia County | if available, or other description of the state | 32024-3624<br>ZIP Code | Single-family h Duplex or mult Condominium Manufactured Land Investment pro Timeshare Other Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and D At least one of Other information your property identification  3 Bedroom 2 Ba | inome it-unit building or cooperative or mobile home operty  in the property? Check one Debtor 2 only the debtors and another ou wish to add about this iter on number: | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$58,763.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Check if this is con (see instructions)  m, such as local | Current value of the portion you own? \$58,763.00  your ownership interest lancy by the entireties, or |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

#### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 14 of 58

| Debtor   | 1 <u>Ri</u>  | ley, Tiffany J.  |  |   | Case number (if known)                                    |  |
|--|--|--|--|---|---|--|
| B. Cars  | , vans, t  | trucks, tractors, sp   | oort utility veh   | icles, motorcycles  |   |  |
| □ No   | )  |  |  |   |   |  |
| ■ Ye   | es   |  |  |   |   |  |
|  |  |  |  |   |   |  |
| 3.1 N  | Make:  | Chevrolet  |  | Who has an interest in the property? Check one  |   | cured claims or exemptions. Put y secured claims on Schedule D:                                |
| ľ  | Model:   | Impala   |  | Debtor 1 only   |   | ave Claims Secured by Property.  |
| `  | Year:  | 2008   |  | Debtor 2 only   | Current value of  | f the Current value of the   |
| A  | Approxim   | ate mileage:   | 82000  | ☐ Debtor 1 and Debtor 2 only  | entire property?  |  |
| _(   | Other info   | ormation:  |  | At least one of the debtors and another   |   |  |
|  |  | 1WB58K1812779<br>9-82,000  | 935  | ☐ Check if this is community property (see instructions)  | \$3,30  | 90.00 \$3,300.00   |
| 3.2  | Make:  | Chevrolet  |  | Who has an interest in the property? Check one  | Do not deduct se  | ecured claims or exemptions. Put   |
|  |  | Malibu   |  |   |   | y secured claims on Schedule D:  |
|  | Model:<br>Year:  | 2012   |  | Debtor 1 only   |   | ave Claims Secured by Property.  |
|  |  | 2012<br>ate mileage:   | 79000  | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | Current value of<br>entire property?                      |  |
|  | Other info   |  | 7 9000   | ☐ At least one of the debtors and another   | entire property:  | portion you own:   |
| _  |  | 1ZC5EU1CF3428  | 803  | At least one of the debtors and another   |   |  |
|  | _  | e-79,000   |  | ☐ Check if this is community property   | \$7,91  | 6.00 \$7,916.00  |
|  |  |  |  | (see instructions)  |   |  |
| Exam   | nples: Bo  |  |  | I other recreational vehicles, other vehicles,<br>rcraft, fishing vessels, snowmobiles, motorcycle  |   |  |
| Exam  ■ No □ Ye  5 Add   | oples: Bo  | ats, trailers, motors,   | , personal wate  | rcraft, fishing vessels, snowmobiles, motorcycle  | accessories   | \$11 216 00  |
| Exam  ■ No □ Ye  5 Add   | oples: Bo  | ats, trailers, motors,   | , personal wate  | rcraft, fishing vessels, snowmobiles, motorcycle  | accessories   | \$11,216.00  |
| Exam  No □ Ye  5 Add .you  | the dol  | ats, trailers, motors,   | , personal wate<br>ortion you owr<br>Write that nur  | rcraft, fishing vessels, snowmobiles, motorcycle  | accessories   | \$11,216.00  |
| Exam  No  □ Ye  5 Add .you   | the dol have at  | lar value of the po<br>tached for Part 2.  | , personal wate<br>ortion you owr<br>Write that nur  | rcraft, fishing vessels, snowmobiles, motorcycle  | accessories   | \$11,216.00  Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exam  No  Ye  Second Add Ayou  Part 3:  Do you  6. Hous  | the dol have at Describ  | lar value of the po<br>tached for Part 2.  | prion you owr<br>Write that nur<br>H Household Ite<br>equitable inte   | n for all of your entries from Part 2, including nber here  | accessories   | Current value of the portion you own? Do not deduct secured                                    |
| Exam  No Ye  Add you  Part 3: Do you  House Exam N   | the dol have at Describ own or | lar value of the po<br>tached for Part 2. Vie Your Personal and<br>have any legal or   | prion you owr<br>Write that nur<br>H Household Ite<br>equitable inte   | n for all of your entries from Part 2, including nber here  | accessories   | Current value of the portion you own? Do not deduct secured                                    |
| Exam  No Ye  Add you  Part 3: Do you  House Exam N   | the dol have at Describ own or | lar value of the potached for Part 2. Very Personal and Praye any legal or Joods and furnishing appliances, fur cribe  | prisonal water | n for all of your entries from Part 2, including nber here  | yave,   | Current value of the portion you own? Do not deduct secured claims or exemptions.              |
| Exam  Note  Ye  Note  Ye  Add  You  Part 3:  Do you  House  Exam  N  | the dol have at Describ own or | lar value of the potached for Part 2. Very Personal and Praye any legal or Joods and furnishing appliances, fur cribe  | prisonal water | a for all of your entries from Part 2, including on the following items?  The formula of the following items?  The china, kitchenware  The part 2, including on the following items?  The china, kitchenware  The part 2, including on the following items? | yave,   | Current value of the portion you own? Do not deduct secured claims or exemptions.              |
| Exam  No  Ye  No  Ye  Add  you  Part 3:  Do you  No  Ye  Learn  No  Ye  The learn  No  No  No  No  No  No  No  No  No  N       | the dol have at Describing own or Describing own | lar value of the potached for Part 2. Very Personal and Phave any legal or poods and furnishing appliances, fur cribe  Living Dish Toas Ope  | prtion you owr<br>Write that nur<br>d Household Ite<br>equitable inte<br>ings<br>mg Room Sunes, Pots an<br>ster, George<br>ener, Griddle                             | a for all of your entries from Part 2, including on the following items?  The formula of the following items?  The china, kitchenware  The part 2, including on the following items?  The china, kitchenware  The part 2, including on the following items? | vave, Frock Pots, Electric Can                            | Current value of the portion you own? Do not deduct secured claims or exemptions.              |
| Exam  No Ye  No Ye  Add  you  Part 3: Do you  A House  Exam  N  Ye  7. Elect  Exam  N  | the dol have at Describ on the sehold graphes: No ones. Describes aronics amples: Tildo  | lar value of the potached for Part 2. Very Personal and Very Personal Andrew | prtion you owr<br>Write that nur<br>d Household Ite<br>equitable inte<br>ings<br>mg Room Sunes, Pots an<br>ster, George<br>ener, Griddle                             | a for all of your entries from Part 2, including on here  | vave, Frock Pots, Electric Can                            | Current value of the portion you own? Do not deduct secured claims or exemptions.              |
| Exam  Note Yee  5 Addd .you  Part 3: Do you  6. House Exam  Note Yee  7. Electre Exam  Note Note Note Note Note Note Note Note | the dol have at Describ on the sehold graphes: No ones. Describes aronics amples: Tildo  | lar value of the potached for Part 2. Very Personal and Very Personal Andrew | ortion you owr<br>Write that nur<br>d Household Ite<br>equitable inte<br>ings<br>miture, linens, o<br>nes, Pots an<br>ster, George<br>ener, Griddle                  | a for all of your entries from Part 2, including on here  | vave, crock Pots, Electric Can ers, scanners; music colle | Current value of the portion you own? Do not deduct secured claims or exemptions.              |

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 15 of 58

| Debtor 1                 | Riley, Tiffa  | ny J.        |                              | Case num  | nber (if known)  |         |
|--------------------------|---|--------------|------------------------------|---|--|---------|
| ☐ Yes                    | . Describe  |              |                              |   |  |         |
|                          | nent for sports a<br>ples: Sports, photo<br>instruments | ographic, e  |                              | quipment; bicycles, pool tables, golf clubs, skis                                 | s; canoes and kayaks; carpentry tools; n   | nusical |
| ■ No                     | . Describe  |              |                              |   |  |         |
|                          |   |              |                              |   |  |         |
| _                        |   | es, shotgur  | ns, ammunition, and relate   | d equipment   |  |         |
| ■ No<br>□ Yes            | . Describe  |              |                              |   |  |         |
| 11. Clothe               | es  |              |                              |   |  |         |
| <i>Exam</i><br>□ No      | nples: Everyday c                                       | lothes, furs | , leather coats, designer we | ear, shoes, accessories   |  |         |
| ■ Yes                    | . Describe  |              |                              |   |  |         |
|                          |   | Debto        | r's Clothing                 |   | \$1  | 50.00   |
| _                        | r <b>y</b><br>aples: Everyday je                        | ewelry, cost | ume jewelry, engagement r    | ings, wedding rings, heirloom jewelry, watches                                    | s, gems, gold, silver  |         |
| □ No<br>■ Yes            | . Describe  |              |                              |   |  |         |
|                          |   | Gold I       | Earrings, Wedding Ri         | ng, Braclett  | \$1  | 50.00   |
| 14. <b>Any o</b><br>■ No | . Describe  ther personal and . Give specific in        |              | •                            | eady list, including any health aids you dic                                      | id not list  |         |
|                          |   | ,            | our entries from Part 3, i   | ncluding any entries for pages you have a   | attached for \$1,685.  | 00      |
| Part 4: D                | escribe Your Fina                                       | ncial Asset  | s                            |   |  |         |
|                          |   |              | quitable interest in any o   | the following?  | Current value of t<br>portion you own?<br>Do not deduct secu<br>claims or exemptio | ıred    |
| ■ No                     |   |              | •                            | safe deposit box, and on hand when you file yo                                    | your petition  |         |
| ☐ Yes                    |   |              |                              |   |  |         |
| Exam                     |   |              |                              | ertificates of deposit; shares in credit unions, bne same institution, list each. | brokerage houses, and other similar  |         |
| □ No<br>■ Yes            |   |              |                              | Institution name:   |  |         |
|                          |   | 17.1.        | Checking Account             | Vystar Credit Union   |  | 16.00   |
|                          |   |              |                              |   |  |         |
|                          |   | 17.2.        | Savings Account              | Vystar Credit Union   |  | \$9.00  |

Official Form 106A/B Schedule A/B: Property page 3

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 16 of 58

| D  | ebtor 1             | Riley, Tiffany J.   | Case number (if known)   |   |
|----|---------------------|---|--|---|
| 18 |                     | mutual funds, or publicly traded stocks les: Bond funds, investment accounts with broker  | age firms, money market accounts   |   |
|    | ■ No                |   |  |   |
|    | ☐ Yes               | Institution or issuer na  | me:  |   |
| 19 | . Non-pu<br>joint v |   | ted and unincorporated businesses, including an interest in ar   | LLC, partnership, and   |
|    | ■ No                |   |  |   |
|    | ☐ Yes.              | Give specific information about them  |  |   |
|    |                     | Name of entity:   | % of ownership:  |   |
| 20 | Negotia             | ment and corporate bonds and other negotial able instruments include personal checks, cashier egotiable instruments are those you cannot transfer | rs' checks, promissory notes, and money orders.  |   |
|    | ■ No                |   |  |   |
|    | ☐ Yes.              | Give specific information about them  |  |   |
|    |                     | Issuer name:  |  |   |
| 21 |                     | nent or pension accounts<br>les: Interests in IRA, ERISA, Keogh, 401(k), 403  | (b), thrift savings accounts, or other pension or profit-sharing plans   | 5   |
|    | Yes.                | List each account separately.   |  |   |
|    |                     | Type of account:  Retirement Account  | Institution name: Florida Retirement   | \$58,800.00   |
| _  |                     |   |  |   |
| 22 | Your sl             |   | you may continue service or use from a company<br>lic utilities (electric, gas, water), telecommunications companies, or o | others  |
|    | ■ No                |   |  |   |
|    | ☐ Yes.              |   | Institution name or individual:  |   |
| 23 | Annuiti No          | es (A contract for a periodic payment of money to   | you, either for life or for a number of years)   |   |
|    | ☐ Yes               | Issuer name and description.  |  |   |
| 24 | 26 U.S.0            | s in an education IRA, in an account in a qualic. $\S\S 530(b)(1)$ , $529A(b)$ , and $529(b)(1)$ .  | ified ABLE program, or under a qualified state tuition program   |   |
|    | ■ No<br>□ Yes       | Institution name and description. S   | Separately file the records of any interests.11 U.S.C. § 521(c):   |   |
| 25 | Trusts,             | equitable or future interests in property (other  | er than anything listed in line 1), and rights or powers exercisa  | ble for your benefit  |
|    |                     | Give specific information about them  |  |   |
| 26 |                     | s, copyrights, trademarks, trade secrets, and cles: Internet domain names, websites, proceeds f   |  |   |
|    | ☐ Yes.              | Give specific information about them  |  |   |
| 27 |                     | es, franchises, and other general intangibles<br>les: Building permits, exclusive licenses, cooperat  | tive association holdings, liquor licenses, professional licenses  |   |
|    |                     | Give specific information about them  |  |   |
| M  | oney or             | property owed to you?   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | . Tax ref           | unds owed to you  |  |   |
|    | ■ No                |   | atherine de Gladak and an and the c  |   |
|    | ப res.              | Jive specific information about them, including wh  | nether you already filed the returns and the tax years   |   |

Official Form 106A/B Schedule A/B: Property page 4

### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 17 of 58

| De  | ebtor 1         | Riley       | , Tiffany J.                      |   |                        | Case number (if known)        |                                 |
|-----|-----------------|-------------|-----------------------------------|---|------------------------|-------------------------------|---------------------------------|
| 29. | Family<br>Examp |             |                                   | o sum alimony, spousal support, child support   | t, maintenance, div    | vorce settlement, property    | settlement                      |
|     | ☐ Yes.          | Give spe    | cific informat                    | ion   |                        |                               |                                 |
| 30. |                 | oles: Unp   |                                   | wes you<br>isability insurance payments, disability benefits<br>u made to someone else        | s, sick pay, vacation  | n pay, workers' compensat     | tion, Social Security benefits; |
|     |                 | Give spe    | ecific informa                    | tion  |                        |                               |                                 |
| 31. |                 |             | urance police<br>lth, disability, | cies<br>or life insurance; health savings account (HSA  | ጓ); credit, homeowr    | ner's, or renter's insurance  |                                 |
|     | ■ Yes.          | Name th     | e insurance d                     | company of each policy and list its value.  Company name:                                     | Benefi                 | ciary:                        | Surrender or refund value:      |
|     |                 |             |                                   | \$30,000 United Health Care Term Li<br>Insurance No Cash Surrender Value                      |                        | ita Hall Roosevelt            | \$0.00                          |
| 32. |                 |             |                                   | at is due you from someone who has died<br>a living trust, expect proceeds from a life insura | ance policy, or are c  | currently entitled to receive | property because someone has    |
|     | ☐ Yes.          | Give spe    | ecific informa                    | tion  |                        |                               |                                 |
| 33. | Examp<br>■ No   | oles: Acc   |                                   | s, whether or not you have filed a lawsuit or pyment disputes, insurance claims, or rights to |                        | l for payment                 |                                 |
| 34. | ■ No            |             |                                   | uidated claims of every nature, including o   | counterclaims of t     | the debtor and rights to s    | set off claims                  |
| 25  |                 |             | e each claim                      | id not already list   |                        |                               |                                 |
| JU. | ■ No            |             | ecific informa                    | •   |                        |                               |                                 |
| 36  | 6. <b>Add t</b> | he dolla    | r value of all                    | l of your entries from Part 4, including any<br>here  |                        | you have attached for         | \$58,825.00                     |
| Pa  | art 5: De       | scribe Ar   | ny Business-R                     | Related Property You Own or Have an Interest In   | . List any real estate | e in Part 1.                  |                                 |
|     | Do you o        |             | , ,                               | or equitable interest in any business-related pro   | perty?                 |                               |                                 |
| ı   | ☐ Yes. G        | Go to line  | 38.                               |   |                        |                               |                                 |
| Pa  |                 |             |                                   | Commercial Fishing-Related Property You Own est in farmland, list it in Part 1.               | or Have an Interest    | ln.                           |                                 |
| 46. | ■ No.           | Go to Pai   | t 7.                              | gal or equitable interest in any farm- or co  | mmercial fishing-      | related property?             |                                 |
|     | ⊔ Yes           | . Go to lir | 16 47.                            |   |                        |                               |                                 |
| Pa  | ırt 7:          | Descri      | be All Propert                    | y You Own or Have an Interest in That You Did I   | Not List Above         |                               |                                 |

page 5

Schedule A/B: Property

Official Form 106A/B

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 18 of 58

| Deb  | tor 1 Riley, Tiffany J.  |                | Case number (if known)    |              |
|------|--|----------------|---------------------------|--------------|
|      | Oo you have other property of any kind you did not already list<br>Examples: Season tickets, country club membership | ?              |                           |              |
|      | No   |                |                           |              |
|      | Yes. Give specific information   |                |                           |              |
| 54.  | Add the dollar value of all of your entries from Part 7. Write the   | at number here |                           | \$0.00       |
| Part | 8: List the Totals of Each Part of this Form   |                |                           |              |
| 55.  | Part 1: Total real estate, line 2  |                |                           | \$58,763.00  |
| 56.  | Part 2: Total vehicles, line 5   | \$11,216.00    |                           |              |
| 57.  | Part 3: Total personal and household items, line 15  | \$1,685.00     |                           |              |
| 58.  | Part 4: Total financial assets, line 36  | \$58,825.00    |                           |              |
| 59.  | Part 5: Total business-related property, line 45   | \$0.00         |                           |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52  | \$0.00         |                           |              |
| 61.  | Part 7: Total other property not listed, line 54   | + \$0.00       |                           |              |
| 62.  | Total personal property. Add lines 56 through 61   | \$71,726.00    | Copy personal property to | \$71,726.00  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62   |                |                           | \$130,489.00 |

Official Form 106A/B Schedule A/B: Property page 6

### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 19 of 58

|                            |   |  |  |   |   | _   |  |
|----------------------------|---|--|--|---|---|---|--|
| Fil                        | in this information   | to identify your ca  | se:  |   |   |   |  |
| De                         |   | ffany J. Riley   |  |   |   |   |  |
| D0                         | Firs<br>btor 2  | t Name   | Middle Name  | L   | ast Name  |   |  |
| _                          |   | t Name   | Middle Name  | L   | ast Name  |   |  |
| Un                         | ited States Bankrupt  | cy Court for the:  | MIDDLE DISTRICT OF FLO   | RIDA,   | JACKSONVILLE DIVISION   |   |  |
| Ca                         | co numbor   | -  |  |   |   |   |  |
|                            | se number<br>nown)  |  |  |   |   | Check if this is an amended filing  |  |
| $\bigcirc$                 | ficial Form   | 1060   |  |   |   |   |  |
|                            |   |  |  |   |   |   |  |
| 50                         | chedule C   | : The Pro  | perty You Cla  | ıım   | as Exempt   | 4/16  |  |
| propout<br>kno             | perty you listed on <i>Sc</i> and attach to this pagwn).          | hedule A/B: Property<br>ge as many copies of   | r(Official Form 106A/B) as yo<br>Part 2: Additional Page as ne                           | our sou<br>ecessa   | irce, list the property that you claim a  | oplying correct information. Using the is exempt. If more space is needed, fill is, write your name and case number (if |  |
| spe<br>app<br>fun-<br>to a | cific dollar amount<br>licable statutory lin<br>ds—may be unlimit | as exempt. Alternate it. Some exemption it. Some exemption it in dollar amount it is a luctured in a lucture it is a luctured in a lucture it is a luctured in a lucture it is a luctured in a lucture | tively, you may claim the functions—such as those for health.  However, if you claim and | ıll fair<br>th aid:<br>exemp  | market value of the property beir<br>s, rights to receive certain benefit   | ng exempted up to the amount of any<br>is, and tax-exempt retirement<br>under a law that limits the exemption           |  |
| Pa                         | rt 1: Identify the  | Property You Claim   | as Exempt  |   |   |   |  |
| 1.                         | Which set of exem   | ptions are you clai  | ming? Check one only, even   | if you  | r spouse is filing with you.  |   |  |
|                            | ■ You are claiming  | state and federal nor  | bankruptcy exemptions. 11  | U.S.C   | . § 522(b)(3)   |   |  |
|                            | ☐ You are claiming  | federal exemptions.  | 11 U.S.C. § 522(b)(2)  |   |   |   |  |
| 2                          | ŭ   | ·  | 3 (,,,,  | mnt f   | ill in the information below.   |   |  |
| ۷.                         |   |  | •  | •   | ount of the exemption you claim   | Specific laws that allow exemption  |  |
|                            | Schedule A/B that lists this property portion  Copy to            |  | portion you own  Copy the value from Schedule A/B  | portion you own  Copy the value from Check only one box for each exemption. |   | ,   |  |
|                            | Chevrolet   |  | \$3,300.00   |   | \$1,000.00  | Fla. Stat. § 222.25(1)  |  |
|                            | Impala<br>2008<br>82000   |  |  |   | 100% of fair market value, up to any applicable statutory limit   |   |  |
|                            | Line from Schedule  | A/B: <b>3.1</b>  |  |   | , approximation of the contract of the cont |   |  |
|                            | Chevrolet<br>Impala   |  | \$3,300.00   |   | \$100.00  | Fla. Stat. § 222.25(4)  |  |
|                            | <b>2008 82000</b> Line from <i>Schedule</i>                       | <b>1</b> /₽ 3 1  |  |   | 100% of fair market value, up to any applicable statutory limit   |   |  |
|                            | Line nom schedule   | A/ B. 3. 1   |  |   |   |   |  |
|                            | Refrigerator, Mi  | iit, Bedroom Suit<br>crowave, Dishes   |  | •   | \$805.00  | Fla. Const. Art X, § 4(a)(2)  |  |
|                            | George Forema<br>Chopper, Electr                                  | ock Pots, Toaste<br>n Grill, Kitchen A<br>ic Can Opener,<br>Stands, Washer/D   | id   |   | 100% of fair market value, up to any applicable statutory limit   |   |  |
|                            | (4) Tv's 32", 39"<br>Desk Top Comp                                | , 42", 50", Laptoր<br>outer, Radio   | 5, \$580.00  |   | \$195.00  | Fla. Const. Art X, § 4(a)(2)  |  |
|                            | Line from Schedule  |  |  |   | 100% of fair market value, up to  |   |  |

Official Form 106C

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 20 of 58

|    | Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |
|----|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
|    |  | Copy the value from<br>Schedule A/B  | Che                               | eck only one box for each exemption.                            |                                    |  |
|    | (4) Tv's 32", 39", 42", 50", Laptop,<br>Desk Top Computer, Radio                         | \$580.00                             |                                   | \$385.00  | Fla. Stat. § 222.25(4)             |  |
|    | Line from Schedule A/B. 7.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Debtor's Clothing Line from Schedule A/B 11.1  | \$150.00                             |                                   | \$150.00  | Fla. Stat. § 222.25(4)             |  |
|    | Zine nom constant // Zi TTT  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Gold Earrings, Wedding Ring,<br>Braclett   | \$150.00                             |                                   | \$150.00  | Fla. Stat. § 222.25(4)             |  |
|    | Line from Schedule A/B: 12.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Vystar Credit Union Line from Schedule A/B 17.1  | \$16.00                              |                                   | \$16.00   | Fla. Stat. § 222.25(4)             |  |
|    | Line non Schedule A/B. 17.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Vystar Credit Union Line from Schedule A/B 17.2  | \$9.00                               |                                   | \$9.00  | Fla. Stat. § 222.25(4)             |  |
|    | Line Holl Generalic PAD. 17.2  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Florida Retirement Line from Schedule A/B 21.1   | \$58,800.00                          |                                   | \$58,800.00   | Fla. Stat. § 222.21(2)             |  |
|    | Line Horri Goriodale 772. 2111   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3  No |                                      |                                   | on or after the date of adjustment.)                            |                                    |  |
|    | ☐ Yes. Did you acquire the property covere   | d by the exemption within            | า 1,21                            | 5 days before you filed this case?                              |                                    |  |
|    | □ No □ Yes   |                                      |                                   |   |                                    |  |
|    |  |                                      |                                   |   |                                    |  |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 21 of 58

|               |  |                            |  |   | _  |                          |
|---------------|--|----------------------------|--|---|--|--------------------------|
| Filli         | in this informa  | tion to identify you       | case:  |   |  |                          |
| Deb           | tor 1  | Tiffany J. Riley           |  |   |  |                          |
|               |  | First Name                 | Middle Name Last Name  |   | }  |                          |
|               | tor 2<br>use if, filing)   | First Name                 | Middle Name Last Name  |   |  |                          |
| ' '           |  |                            |  |   | j  |                          |
| Unite         | ed States Bank   | ruptcy Court for the:      | MIDDLE DISTRICT OF FLORIDA, JACKSO   | ONVILLE DIVISION  |  |                          |
| Case          | e number   |                            |  |   |  |                          |
| (if kno       | own)   |                            |  |   | ☐ Check                                      | if this is an            |
|               |  |                            |  |   | amend  | led filing               |
| Off;          | cial Form  | 106D                       |  |   |  |                          |
|               |  |                            | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |   |  |                          |
| Sc            | hedule L   | ): Creditors               | Who Have Claims Secure   | ed by Property  | /  | 12/15                    |
| neede<br>know | ed, copy the Add<br>n).  | litional Page, fill it out | f two married people are filing together, both are e<br>, number the entries, and attach it to this form. On |   |  |                          |
| _             |  | ave claims secured by      | • • • •  |   |  |                          |
| ı             | ■ No. Check the control of the c | nis box and submit thi     | s form to the court with your other schedules. Yo  | ou have nothing else to rep                             | ort on this form.                            |                          |
| ı             | Yes. Fill in al  | Il of the information be   | elow.  |   |  |                          |
| Part          | List All S   | Secured Claims             |  |   |  |                          |
| 2. Lis        | st all secured cla   | aims. If a creditor has m  | nore than one secured claim, list the creditor separate  | ly Column A   | Column B                                     | Column C                 |
|               |  |                            | a particular claim, list the other creditors in Part 2. As all order according to the creditor 's name.      | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1           | Capital One  | e Auto                     | Describe the manufacture to the claims   | \$14,755.00   | \$7,916.00                                   | \$6,839.00               |
|               | Finance Creditor's Name  |                            | Describe the property that secures the claim:  2012 Chevrolet Malibu   | <b>414,733.00</b>                                       | <b>47,910.00</b>                             | <del>40,039.00</del>     |
|               | Orealier S Marile  |                            | Vin-1G1ZC5EU1CF342803<br>Mileage-79,000  |   |  |                          |
|               | 3901 Dallas  | S Pkwy                     | As of the date you file, the claim is: Check all that apply.   |   |  |                          |
|               | Plano, TX 7  |                            | Contingent   |   |  |                          |
|               | Number, Street, C  | city, State & Zip Code     | ☐ Unliquidated   |   |  |                          |
|               |  |                            | Disputed   |   |  |                          |
| Who           | owes the debt  | ? Check one.               | Nature of lien. Check all that apply.  |   |  |                          |
|               | ebtor 1 only   |                            | An agreement you made (such as mortgage or s<br>car loan)  | ecured  |  |                          |
|               | ebtor 2 only   |                            | _  |   |  |                          |
| _             | ebtor 1 and Debt   | •                          | ☐ Statutory lien (such as tax lien, mechanic's lien)   |   |  |                          |
|               | it least one of the<br>Check if this clair   | debtors and another        | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)   |   |  |                          |
|               | community debt   |                            | Other (including a right to onset)   |   |  |                          |
|               |  |                            |  |   |  |                          |
| Date          | debt was incurr  | red <u>2014-07</u>         | Last 4 digits of account number 1001   | <u> </u>  |  |                          |
| 0.0           | 10   | M                          | <b>5</b>   | \$400 <del>7</del> 05 00                                | <b>\$50.700.00</b>                           | <b>*</b> 44.000.00       |
| 2.2           | Creditor's Name  | Mortgage SE                | Describe the property that secures the claim:  | <u>\$102,765.00</u>                                     | \$58,763.00                                  | \$44,002.00              |
|               | Orealier & Hame  |                            | 235 SW Lucky Dr, Lake City, FL 32024-3624  |   |  |                          |
|               |  |                            | 3 Bedroom 2 Bath   |   |  |                          |
|               | 1600 S Dou   | unlace Pd                  | As of the date you file, the claim is: Check all that  |   |  |                          |
|               |  | CA 92806-5948              | apply.  Contingent   |   |  |                          |
|               |  | City, State & Zip Code     | ☐ Unliquidated   |   |  |                          |
|               | ,, .   | ,, стано ст. — р с с с с   | ☐ Disputed   |   |  |                          |
| Who           | owes the debt  | ? Check one.               | Nature of lien. Check all that apply.  |   |  |                          |
| ■ D           | ebtor 1 only   |                            | ☐ An agreement you made (such as mortgage or s   | ecured  |  |                          |
| □D            | ebtor 2 only   |                            | car loan)  |   |  |                          |
|               | ebtor 1 and Debt   | or 2 only                  | ☐ Statutory lien (such as tax lien, mechanic's lien)   |   |  |                          |
| ПА            | t least one of the   | debtors and another        | ☐ Judgment lien from a lawsuit   |   |  |                          |
|               | heck if this clain   |                            | Other (including a right to offset)  |   |  |                          |
| (             | community debt   |                            |  |   |  |                          |
| Date          | debt was incurr  | red <b>2009-04</b>         | Last 4 digits of account number 5949   | )   |  |                          |

Official Form 106D

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 22 of 58

| Debtor 1 Tiffany J. Riley   |  | Case number (f know)                    |                   |        |
|---|--|---|-------------------|--------|
| First Name Middle N   | Name Last Name   |   |                   |        |
|   |  |   |                   |        |
| 2.3 Mott Buick  | Describe the property that secures the claim   | n: \$2,200.00                           | \$3,300.00        | \$0.00 |
| Creditor's Name   | 2008 Chevrolet Impala  |   |                   |        |
|   | Vin-2G1WB58K181277935  |   |                   |        |
|   | Mileage-82,000   |   |                   |        |
| 1301 Howard St W  | As of the date you file, the claim is: Check all apply.  | that                                    |                   |        |
| Live Oak, FL 32064-2004   | ☐ Contingent   |   |                   |        |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated   |   |                   |        |
|   | ☐ Disputed   |   |                   |        |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |   |                   |        |
| ■ Debtor 1 only   | ☐ An agreement you made (such as mortgage  | e or secured                            |                   |        |
| Debtor 2 only   | car loan)  |   |                   |        |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's   | lian)                                   |                   |        |
| ☐ At least one of the debtors and another   | ☐ Judgment lien from a lawsuit   | lien)                                   |                   |        |
| Check if this claim relates to a  | ☐ Other (including a right to offset)  |   |                   |        |
| community debt  | Other (including a right to onset)   |   |                   |        |
| •   |  |   |                   |        |
| Date debt was incurred  | Last 4 digits of account number  |   |                   |        |
|   |  |   |                   |        |
| Allen delle | Land American Market days and a contraction  | \$440 <del>7</del> 00 00                | 1                 |        |
| If this is the last page of your form, add the  | lumn A on this page. Write that number here:   | \$119,720.00                            | 1                 |        |
| Write that number here:   | ne donar value totais ironi ali pages.   | \$119,720.00                            |                   |        |
|   |  |   | _                 |        |
| Part 2: List Others to Be Notified fo   | or a Debt That You Already Listed  |   |                   |        |
|   | be notified about your bankruptcy for a debt th  |   |                   |        |
|   | owe to someone else, list the creditor in Part 1,<br>t you listed in Part 1, list the additional credito |   |                   |        |
| debts in Part 1, do not fill out or submit the  |  | • |                   |        |
|   |  |   |                   |        |
| Name, Number, Street, City, State &   | Zip Code   | On which line in Part 1 did you enter t | the creditor? 2.2 |        |
| Millenium Partners  |  |   | 40                |        |
| Attn: David H. Morales  |  | Last 4 digits of account number         | 49_               |        |
| 21500 Biscayne Blvd Ste 6<br>Aventura, FL 33180-1256  | 000  |   |                   |        |
| Aventura, 1 L 33100-1230  |  |   |                   |        |
|   | 7. 0 .   |   |                   |        |
| Name, Number, Street, City, State &   |  | On which line in Part 1 did you enter t | the creditor? 2.2 |        |
| Secretary of Housing and 451 7th St SW  |  | Last 4 digits of account number 59      | 49                |        |
| Washington, DC 20410-000  |  | Last 4 digits of account number         | <del>13</del>     |        |
| 11a31111gton, DO 20410-000  | V I  |   |                   |        |

### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 23 of 58

|  | Case 3.10-  | bk-02409-3Ai DOC 1 Tiled 00/29/10 Fage 23 0  | 1 30  |
|--|---|--|---|
| Fill in this i   | nformation to identify your c   | ase:   |   |
| Debtor 1   | Tiffany J. Riley  |  |   |
| 20010  | First Name  | Middle Name Last Name  |   |
| Debtor 2<br>(Spouse if, filing   | g) First Name   | Middle Name Last Name  |   |
| United State   | es Bankruptcy Court for the:  | MIDDLE DISTRICT OF FLORIDA, JACKSONVILLE DIVISION  |   |
| Case numb<br>(if known)  | er  |  | ☐ Check if this is an amended filing  |
|  | Form 106E/F<br>le E/F: Creditors W  | ho Have Unsecured Claims   | 12/15   |
| any executory<br>Schedule G: I<br>D: Creditors \<br>the Continuat<br>case number | y contracts or unexpired leases<br>Executory Contracts and Unexpi<br>Who Have Claims Secured by Pr<br>tion Page to this page. If you hav<br>(if known). | e Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORIT that could result in a claim. Also list executory contracts on Schedule A/B: Property red Leases (Official Form 106G). Do not include any creditors with partially secured operty. If more space is needed, copy the Part you need, fill it out, number the entries e no information to report in a Part, do not file that Part. On the top of any additional | (Official Form 106A/B) and on<br>claims that are listed in Schedule<br>in the boxes on the left. Attach |
|  | List All of Your PRIORITY Uns   |  |   |
| _ ′  | creditors have priority unsecured   | I claims against you?  |   |
|  | Go to Part 2.   |  |   |
| ☐ Yes.   |   |  |   |
| Part 2:  | List All of Your NONPRIORIT   | ' Unsecured Claims   |   |
| 3. Do any o  | creditors have nonpriority unsec  | ured claims against you?   |   |
| ☐ No. Y  | ou have nothing to report in this pa  | art. Submit this form to the court with your other schedules.  |   |
| Yes.   |   |  |   |
| unsecure   | ed claim, list the creditor separately  | ims in the alphabetical order of the creditor who holds each claim. If a creditor has m for each claim. For each claim listed, identify what type of claim it is. Do not list claims alrest the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill.   | ady included in Part 1. If more   |
|  |   |  | Total claim   |
| 4.1 <b>Ad</b>  | vanced America  | Last 4 digits of account number  | \$585.00  |
| 7.4  | priority Creditor's Name  |  |   |
|  | 44 114 110 111 1 00   | When was the debt incurred?  |   |
|  | 41 W US Highway 90<br>ke City, FL 32055-7284  |  |   |
|  | nber Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply  |   |
| _  | o incurred the debt? Check one.   |  |   |
| <b>=</b> [   | Debtor 1 only   | ☐ Contingent   |   |
|  | Debtor 2 only   | ☐ Unliquidated   |   |
|  | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |
|  | At least one of the debtors and and   | _  |   |
|  | Check if this claim is for a comn   | nunity   |   |
| deb<br>Is th   | ot<br>ne claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you d<br>report as priority claims   | id not  |
| <b>■</b> 1   | No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |   |
|  | Yes   | Other. Specify Open Account  |   |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 24 of 58

| Debto | r1 Riley, Tiffany J.  | Case number (f know)  |             |
|-------|---|---|-------------|
| 4.2   | Alpata Inpatient Services  Nonpriority Creditor's Name              | Last 4 digits of account number 3218  | \$300.00    |
|       | Trengine in y croatier o realine                                    | When was the debt incurred?   |             |
|       | PO Box 37781  |   |             |
|       | Philadelphia, PA 19101-5081  Number Street City State Zlp Code      | As of the date you file, the claim is: Check all that apply                     |             |
|       | Who incurred the debt? Check one.                                   | As of the date you file, the claim is: Check all that apply                     |             |
|       | _   | П   |             |
|       | Debtor 1 only   | ☐ Contingent  |             |
|       | Debtor 2 only   | Unliquidated  |             |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|       | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |             |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |             |
|       | debt  | Obligations arising out of a separation agreement or divorce that you did not   |             |
|       | Is the claim subject to offset?                                     | report as priority claims   |             |
|       | No  | Debts to pension or profit-sharing plans, and other similar debts               |             |
|       | Yes   | Other. Specify Medical  |             |
| 4.3   | Ameris Bank   | Last 4 digits of account number   | \$400.00    |
|       | Nonpriority Creditor's Name   | <del></del>   | *           |
|       |   | When was the debt incurred?   |             |
|       | 2357 W US Highway 90<br>Lake City, FL 32055-4725                    |   |             |
|       | Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that apply                     |             |
|       | Who incurred the debt? Check one.                                   |   |             |
|       | ■ Debtor 1 only   | ☐ Contingent  |             |
|       | Debtor 2 only   | ☐ Unliquidated  |             |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |             |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |             |
|       | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |             |
|       | Is the claim subject to offset?                                     | report as priority claims   |             |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts             |             |
|       | ☐Yes  | ■ Other. Specify Open Account   |             |
|       |   |   |             |
| 4.4   | Badcock & More Home Furniture  Nonpriority Creditor's Name          | Last 4 digits of account number 1541  | \$15,000.00 |
|       | Nonpholity Orealto 3 Name   | When was the debt incurred?   |             |
|       | 1429 Ohio Ave N   |   |             |
|       | Live Oak, FL 32064-4817   | -   |             |
|       | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                     |             |
|       | Debtor 1 only   | ☐ Contingent  |             |
|       | Debtor 2 only   | ☐ Unliquidated  |             |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |             |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |             |
|       | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |             |
|       | Is the claim subject to offset?                                     | report as priority claims   |             |
|       | No  | lacksquare Debts to pension or profit-sharing plans, and other similar debts    |             |
|       | ☐Yes  | ■ Other. Specify Open Account   |             |
|       |   |   |             |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 25 of 58

| Debto | r1 Riley, Tiffany J.  |  | Case number (f know)                         |            |
|-------|---|--|--|------------|
| 4.5   | Capio Partners LLC Nonpriority Creditor's Name  | Last 4 digits of account number                                | 6160   | \$200.00   |
|       | Nonphonty Creditor's Name   | When was the debt incurred?                                    | 2015-12                                      |            |
|       | 2222 Texoma Pkwy Ste 150<br>Sherman, TX 75090-2481<br>Number Street City State Zlp Code | As of the date you file, the claim                             |  | _          |
|       | Who incurred the debt? Check one.   |  |  |            |
|       | Debtor 1 only   | ☐ Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | Disputed   |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | l claim:                                     |            |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|       | debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims     | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|       | Yes   | Other. Specify Open acco                                       | unt  | _          |
| 4.6   | Capio Partners LLC Nonpriority Creditor's Name  | Last 4 digits of account number                                | 9585   | \$75.00    |
|       | Nonpholity Orealto 3 Name   | When was the debt incurred?                                    | 2016-02                                      |            |
|       | 2222 Texoma Pkwy Ste 150<br>Sherman, TX 75090-2481                                      | _  |  | -          |
|       | Number Street City State Zlp Code   | As of the date you file, the claim                             | s: Check all that apply                      |            |
|       | Who incurred the debt? Check one.   | _  |  |            |
|       | Debtor 1 only   | ☐ Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | I claim:                                     |            |
|       | ☐ Check if this claim is for a community  | Student loans  |  |            |
|       | debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not |            |
|       | No  | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|       | ☐ Yes   |  | 5 T  |            |
|       | □ Yes   | Other. Specify Open acco                                       | unt  |            |
| 4.7   | Community Finance Nonpriority Creditor's Name   | Last 4 digits of account number                                | 6SPS   | \$2,335.00 |
|       | ,   | When was the debt incurred?                                    |  | _          |
|       | 816 Ohio Ave S  |  |  |            |
|       | Live Oak, FL 32064-3852  Number Street City State Zlp Code                              | _<br>As of the date you file, the claim                        | e. Chack all that apply                      |            |
|       | Who incurred the debt? Check one.   | As of the date you me, the claim                               | s. Check all that apply                      |            |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | d claim:                                     |            |
|       | ☐ Check if this claim is for a community  | Student loans  |  |            |
|       | debt Is the claim subject to offset?  | _  | ration agreement or divorce that you did not |            |
|       | ■ No  | Debts to pension or profit-sharin                              | g plans, and other similar debts             |            |
|       |   |  | g promote datas diffinal debits              |            |
|       | ☐ Yes   | Other. Specify Judgment  |  | _          |

Official Form 106 E/F

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 26 of 58

| Debto | <sup>1</sup> Riley, Tiffany J.                                       |  | Case number (f know)   |          |  |  |  |
|-------|--|--|--|----------|--|--|--|
| 4.8   | DBA Paragon Revenue Gr   | Last 4 digits of account number                              | 0784   | \$200.00 |  |  |  |
|       | Nonpriority Creditor's Name  | When was the debt incurred?                                  | 2016-03  |          |  |  |  |
|       | PO Box 126   |  |  |          |  |  |  |
|       | Concord, NC 28026-0126  Number Street City State Zlp Code            | _ As of the date you file, the claim                         | ie: Chack all that apply   |          |  |  |  |
|       | Who incurred the debt? Check one.                                    | As of the date you me, the claim                             | в. Спеск ан тат арру   |          |  |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent   |  |          |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated   |  |          |  |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |  |  |  |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:   |          |  |  |  |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |  |  |  |
|       | debt   | ☐ Obligations arising out of a sepa                          | aration agreement or divorce that you did not  |          |  |  |  |
|       | Is the claim subject to offset?                                      | report as priority claims                                    |  |          |  |  |  |
|       | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts  |          |  |  |  |
|       | Yes  | Other. Specify Open acco                                     | ount   |          |  |  |  |
| 4.9   | Direct TV  | Last 4 digits of account number                              | 4118   | \$400.00 |  |  |  |
|       | Nonpriority Creditor's Name  |  |  | · ·      |  |  |  |
|       | PO Box 5007  | When was the debt incurred?                                  |  |          |  |  |  |
|       | Carol Stream, IL 60197-5007  |  |  |          |  |  |  |
|       | Number Street City State Zlp Code                                    | As of the date you file, the claim                           | is: Check all that apply   |          |  |  |  |
|       | Who incurred the debt? Check one.                                    |  |  |          |  |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent   |  |          |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated   |  |          |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |  |  |  |
|       | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:   |          |  |  |  |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |  |  |  |
|       | debt Is the claim subject to offset?                                 |  | aration agreement or divorce that you did not  |          |  |  |  |
|       | No   | report as priority claims  Debts to pension or profit-sharir | a plane, and other similar debte   |          |  |  |  |
|       | Yes  | , ,  |  |          |  |  |  |
|       | □ Yes  | Other. Specify Open Acco                                     | )unt   |          |  |  |  |
| 4.10  | Enhanced Recovery Co L   | Last 4 digits of account number                              | 7800   | \$155.00 |  |  |  |
|       | Nonpriority Creditor's Name  | When was the debt incurred?                                  | 2013-11  |          |  |  |  |
|       | 8014 Bayberry Rd   |  |  |          |  |  |  |
|       | Jacksonville, FL 32256-7412  |  |  |          |  |  |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply   |          |  |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent   |  |          |  |  |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated   |  |          |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |  |  |  |
|       | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                                 | d claim:   |          |  |  |  |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |          |  |  |  |
|       | debt   |  | aration agreement or divorce that you did not  |          |  |  |  |
|       | Is the claim subject to offset?                                      | report as priority claims                                    | and an and all and a second all a seco |          |  |  |  |
|       | ■ No   | Debts to pension or profit-sharin                            |  |          |  |  |  |
|       | Yes  | Other. Specify Open acco                                     | ount   |          |  |  |  |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 27 of 58

| Debto | r1 Riley, Tiffany J.                               |   | Case number (f know)                         |          |  |  |  |
|-------|--|---|--|----------|--|--|--|
| 4.11  | Ginny's Inc  Nonpriority Creditor's Name           | Last 4 digits of account number                                 |  | \$220.00 |  |  |  |
|       | Nonpriority Creditor's Name                        | When was the debt incurred?                                     | 2015-04                                      |          |  |  |  |
|       | 1112 7th Ave<br>Monroe, WI 53566-1364              | _   |  |          |  |  |  |
|       | Number Street City State Zlp Code                  | As of the date you file, the claim is                           | s: Check all that apply                      |          |  |  |  |
|       | Who incurred the debt? Check one.                  | _   |  |          |  |  |  |
|       | Debtor 1 only                                      | Contingent  |  |          |  |  |  |
|       | Debtor 2 only                                      | ☐ Unliquidated  |  |          |  |  |  |
|       | Debtor 1 and Debtor 2 only                         | ☐ Disputed  |  |          |  |  |  |
|       | At least one of the debtors and another            | Type of NONPRIORITY unsecured                                   | claim:                                       |          |  |  |  |
|       | ☐ Check if this claim is for a community           | Student loans   |  |          |  |  |  |
|       | debt Is the claim subject to offset?               | ☐ Obligations arising out of a separe report as priority claims | ration agreement or divorce that you did not |          |  |  |  |
|       | No   | Debts to pension or profit-sharing                              | n plans, and other similar debts             |          |  |  |  |
|       |  | · · ·   | •  |          |  |  |  |
|       | Yes  | Other. Specify Revolving a                                      | account                                      |          |  |  |  |
| 4.12  | Global Receivables Sol                             | Last 4 digits of account number                                 | 9659   | \$85.00  |  |  |  |
|       | Nonpriority Creditor's Name                        | When was the debt incurred?                                     | 2016 01                                      |          |  |  |  |
|       | 2703 N US Highway 75                               | when was the debt incurred?                                     | 2016-01                                      |          |  |  |  |
|       | Sherman, TX 75090-2567                             |   |  |          |  |  |  |
|       | Number Street City State Zlp Code                  | As of the date you file, the claim is                           | s: Check all that apply                      |          |  |  |  |
|       | Who incurred the debt? Check one.                  |   |  |          |  |  |  |
|       | Debtor 1 only                                      | ☐ Contingent  |  |          |  |  |  |
|       | Debtor 2 only                                      | ☐ Unliquidated  |  |          |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only                       | ☐ Disputed  |  |          |  |  |  |
|       | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured                                   | l claim:                                     |          |  |  |  |
|       | ☐ Check if this claim is for a community           | ☐ Student loans   |  |          |  |  |  |
|       | debt   |   | ration agreement or divorce that you did not |          |  |  |  |
|       | Is the claim subject to offset?                    | report as priority claims                                       |  |          |  |  |  |
|       | No   | Debts to pension or profit-sharing                              | 21 /   |          |  |  |  |
|       | Yes  | Other. Specify Open according                                   | unt  |          |  |  |  |
| 4.13  | Harper Emergency Physicians                        | Last 4 digits of account number                                 | 3218   | \$80.00  |  |  |  |
|       | Nonpriority Creditor's Name                        | When was the debt incurred?                                     |  |          |  |  |  |
|       | PO Box 37789                                       | when was the debt incurred?                                     |  |          |  |  |  |
|       | Philadelphia, PA 19101-5089                        |   |  |          |  |  |  |
|       | Number Street City State Zlp Code                  | As of the date you file, the claim is                           | s: Check all that apply                      |          |  |  |  |
|       | Who incurred the debt? Check one.                  |   |  |          |  |  |  |
|       | Debtor 1 only                                      | ☐ Contingent  |  |          |  |  |  |
|       | Debtor 2 only                                      | ☐ Unliquidated  |  |          |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only                       | ☐ Disputed  |  |          |  |  |  |
|       | ☐ At least one of the debtors and another          | Type of NONPRIORITY unsecured                                   | claim:                                       |          |  |  |  |
|       | ☐ Check if this claim is for a community           | ☐ Student loans   |  |          |  |  |  |
|       | debt   |   | ration agreement or divorce that you did not |          |  |  |  |
|       | Is the claim subject to offset?                    | report as priority claims                                       |  |          |  |  |  |
|       | No   | Debts to pension or profit-sharing                              | g plans, and other similar debts             |          |  |  |  |
|       | Yes  | Other. Specify Medical  |  |          |  |  |  |
|       |  |   |  |          |  |  |  |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 28 of 58

| Debto | T1 Riley, Tiffany J.  |   | Case number (f know)                                  |          |  |  |
|-------|---|---|---|----------|--|--|
| 4.14  | L J Ross Associates In  Nonpriority Creditor's Name   | Last 4 digits of account number                                 | 7280  | \$75.00  |  |  |
|       | PO Box 1838<br>Ann Arbor, MI 48106-1838   | When was the debt incurred?                                     | 2016-03   | -        |  |  |
|       | Number Street City State ZIp Code Who incurred the debt? Check one.                             | As of the date you file, the claim                              | s: Check all that apply                               |          |  |  |
|       | Debtor 1 only   | ☐ Contingent  |   |          |  |  |
|       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed  |   |          |  |  |
|       | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt         | Type of NONPRIORITY unsecured  ☐ Student loans                  | d claim: ration agreement or divorce that you did not |          |  |  |
|       | Is the claim subject to offset?   | report as priority claims                                       |   |          |  |  |
|       | ■ No  | ☐ Debts to pension or profit-sharin                             | • •   |          |  |  |
|       | Yes   | Other. Specify Open acco  | unt   | -        |  |  |
| 4.15  | Lake City Medical Center  Nonpriority Creditor's Name   | Last 4 digits of account number                                 | 1321  | \$200.00 |  |  |
|       | PO Box 740771 Cincinnati, OH 45274-0771 Number Street City State Zlp Code                       | When was the debt incurred?  As of the date you file, the claim | s. Check all that annly                               | -        |  |  |
|       | Who incurred the debt? Check one.   | _   | s. Oneon an mat apply                                 |          |  |  |
|       | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent☐ Unliquidated                                      |   |          |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                   | l claim:  |          |  |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |   |          |  |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims      | ration agreement or divorce that you did not          |          |  |  |
|       | No  | Debts to pension or profit-sharing                              | g plans, and other similar debts                      |          |  |  |
|       | Yes   | Other. Specify Medical  |   | -        |  |  |
| 4.16  | Lvnv Funding LLC Nonpriority Creditor's Name  | Last 4 digits of account number                                 | 3899  | \$205.00 |  |  |
|       | PO Box 10497  | When was the debt incurred?                                     | 2015-09   | -        |  |  |
|       | Greenville, SC 29603-0497  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                              | s: Check all that apply                               |          |  |  |
|       | Debtor 1 only   | ☐ Contingent  |   |          |  |  |
|       | Debtor 2 only   | ☐ Unliquidated  |   |          |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |  |
|       | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                   | I claim:  |          |  |  |
|       | ☐ Check if this claim is for a community debt   |   | ration agreement or divorce that you did not          |          |  |  |
|       | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharin    | g plans, and other similar debts                      |          |  |  |
|       | □ Yes   | Other. Specify Open acco  |   |          |  |  |
|       |   | = Othor. Opcomy = 1 - 1   |   | _        |  |  |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 29 of 58

| Debto | r 1 Riley, Tiffany J.   |  | Case number (f know)                         |            |  |  |
|-------|---|--|--|------------|--|--|
| 4.17  | Marinr Finc Nonpriority Creditor's Name   | Last 4 digits of account number                              | 7113   | \$2,960.00 |  |  |
|       | 5851 Route 42<br>Turnersville, NJ 08012-1460                                      | When was the debt incurred?                                  | 2010-07-14                                   |            |  |  |
|       | Number Street City State ZIp Code  Who incurred the debt? Check one.              | As of the date you file, the claim                           | s: Check all that apply                      |            |  |  |
|       | Debtor 1 only   | Contingent   |  |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|       | Debtor 1 and Debtor 2 only  | Disputed   | d alaim.                                     |            |  |  |
|       | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Type of NONPRIORITY unsecured  ☐ Student loans               | i Claiiii.                                   |            |  |  |
|       | debt Is the claim subject to offset?  |  | ration agreement or divorce that you did not |            |  |  |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |  |  |
|       | Yes   | Other. Specify Installment                                   | account                                      |            |  |  |
| 4.18  | Mohammed A. Faisal, MD  Nonpriority Creditor's Name                               | Last 4 digits of account number                              | 6851   | \$30.00    |  |  |
|       | Nonphonty Creditor's Name   | When was the debt incurred?                                  |  |            |  |  |
|       | PO Box 3009<br>Lake City, FL 32056-3009   |  |  | •          |  |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.              | As of the date you file, the claim                           | s: Check all that apply                      |            |  |  |
|       | Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |            |  |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |  |  |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |  |  |
|       | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |  |  |
|       | Yes   | Other. Specify Medical                                       |  |            |  |  |
| 4.19  | Montgomery Ward Nonpriority Creditor's Name                                       | Last 4 digits of account number                              | 529W   | \$275.00   |  |  |
|       | 1112 7th Ave  | When was the debt incurred?                                  | 2015-02                                      |            |  |  |
|       | Monroe, WI 53566-1364   |  |  |            |  |  |
|       | Number Street City State ZIp Code Who incurred the debt? Check one.               | As of the date you file, the claim                           | s: Check all that apply                      |            |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |            |  |  |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?     |  | ration agreement or divorce that you did not |            |  |  |
|       | No  | report as priority claims  Debts to pension or profit-sharin | g plans, and other similar debts             |            |  |  |
|       | Yes   | Other. Specify Revolving                                     |  |            |  |  |
|       | <b>—</b> 103  | - Other. Specify   | uooodiit                                     | •          |  |  |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 30 of 58

| Debto | Riley, Tiffany J.  |  | Case number (f know)   |            |
|-------|--|--|--|------------|
| 4.20  | Online Collections Nonpriority Creditor's Name                           | Last 4 digits of account number                                | 5932   | \$195.00   |
|       | Nonphonty Creditor's Name  | When was the debt incurred?                                    | 2014-03  |            |
|       | PO Box 1489 Winterville, NC 28590-1489 Number Street City State Zlp Code | As of the date you file, the claim                             |  |            |
|       | Who incurred the debt? Check one.  | As of the date you me, the claim                               | S. Check all that apply  |            |
|       | Debtor 1 only  | ☐ Contingent   |  |            |
|       | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|       | At least one of the debtors and another                                  | Type of NONPRIORITY unsecured                                  | 1 claim:   |            |
|       |  | Student loans  | a Glaini.  |            |
|       | ☐ Check if this claim is for a community debt                            |  | ration agreement or divorce that you did not   |            |
|       | Is the claim subject to offset?  | report as priority claims                                      | ration agreement of avoice that you did not  |            |
|       | No   | Debts to pension or profit-sharing                             | g plans, and other similar debts   |            |
|       | Yes  | Other. Specify Open acco                                       | unt  |            |
| 4.21  | Regional Acceptance Co Nonpriority Creditor's Name                       | Last 4 digits of account number                                | 9801   | \$9,390.00 |
|       | Nonpriority Creditor's Name  | When was the debt incurred?                                    | 2011-09  |            |
|       | 1420 E Fire Tower Rd Ste<br>Greenville, NC 27858-4139                    |  | 2011 00  |            |
|       | Number Street City State Zlp Code  | As of the date you file, the claim                             | s: Check all that apply  |            |
|       | Who incurred the debt? Check one.  |  |  |            |
|       | ■ Debtor 1 only  | ☐ Contingent   |  |            |
|       | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|       | $\square$ At least one of the debtors and another                        | Type of NONPRIORITY unsecured                                  | d claim:   |            |
|       | ☐ Check if this claim is for a community                                 | Student loans  |  |            |
|       | debt Is the claim subject to offset?                                     | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not   |            |
|       | No   | Debts to pension or profit-sharin                              | a plane, and other cimilar debte   |            |
|       |  |  |  |            |
|       | Yes  | Other. Specify Repossess                                       | ion 2007 Chevrolet Trailblazer   |            |
| 4.22  | Stephon B. Demmi, DMD  Nonpriority Creditor's Name                       | Last 4 digits of account number                                |  | \$105.00   |
|       | Nonpholity Creditor's Name   | When was the debt incurred?                                    |  |            |
|       | 437 SW Perimeter Gln<br>Lake City, FL 32025-0498                         | _  |  |            |
|       | Number Street City State ZIp Code  Who incurred the debt? Check one.     | As of the date you file, the claim                             | s: Check all that apply  |            |
|       | _  |  |  |            |
|       | Debtor 1 only  | Contingent   |  |            |
|       | Debtor 2 only  | Unliquidated   |  |            |
|       | Debtor 1 and Debtor 2 only   | Disputed   | Jalaina.   |            |
|       | At least one of the debtors and another                                  | Type of NONPRIORITY unsecured                                  | a ciaim:   |            |
|       | ☐ Check if this claim is for a community debt                            | Student loans  | and the second s |            |
|       | Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims | ration agreement or divorce that you did not   |            |
|       | ■ No   | Debts to pension or profit-sharin                              | g plans, and other similar debts   |            |
|       | □Yes   | ■ Other. Specify Open Acco                                     |  |            |
|       | <b>—</b> 103   | - Other Specify Open Acce                                      | wiii.  |            |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 31 of 58

| Debtor                   | 1 Riley, Tiffany J.  |  | Case number (f know)   |                         |  |  |  |
|--------------------------|--|--|--|-------------------------|--|--|--|
| 4.23                     | Sunbelt Crdt Nonpriority Creditor's Name   | Last 4 digits of account number  | 1009   | \$1,955.00              |  |  |  |
|                          | Nonpriority Creditor's Name  | When was the debt incurred?  | 2010-07-14   |                         |  |  |  |
|                          | 208 E Main St  |  |  | -                       |  |  |  |
|                          | Spartanburg, SC 29306-5127  Number Street City State Zlp Code  | <br>As of the date you file, the claim   | ig. Chook all that apply   |                         |  |  |  |
|                          | Who incurred the debt? Check one.  | As of the date you me, the claim   | is. Oneok an that apply  |                         |  |  |  |
|                          | ■ Debtor 1 only  | ☐ Contingent   |  |                         |  |  |  |
|                          | Debtor 2 only  | ☐ Unliquidated   |  |                         |  |  |  |
|                          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |                         |  |  |  |
|                          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:   |                         |  |  |  |
|                          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |                         |  |  |  |
|                          | debt   | ☐ Obligations arising out of a sep   | aration agreement or divorce that you did not  |                         |  |  |  |
|                          | Is the claim subject to offset?  | report as priority claims  |  |                         |  |  |  |
|                          | No   | Debts to pension or profit-shari   |  |                         |  |  |  |
|                          | Yes  | Other. Specify Installmen  | t account  | -                       |  |  |  |
| 4.24                     | The Cardiac And Vascular Institut  | te Last 4 digits of account number   | 3279   | \$705.00                |  |  |  |
|                          | The spring ending ending   | When was the debt incurred?  |  | _                       |  |  |  |
|                          | 4545 NW 8th Ave  |  |  |                         |  |  |  |
|                          | Gainesville, FL 32605-4522  Number Street City State Zlp Code  | As of the date you file, the claim   | is: Check all that apply   |                         |  |  |  |
|                          | Who incurred the debt? Check one.  | , o auto you, c  | one on an anal apply   |                         |  |  |  |
|                          | ■ Debtor 1 only  | ☐ Contingent   |  |                         |  |  |  |
|                          | Debtor 2 only  | ☐ Unliquidated   |  |                         |  |  |  |
|                          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans  |  |                         |  |  |  |
|                          | ☐ At least one of the debtors and another  |  |  |                         |  |  |  |
|                          | ☐ Check if this claim is for a community   |  |  |                         |  |  |  |
|                          | debt   |  | aration agreement or divorce that you did not  |                         |  |  |  |
|                          | Is the claim subject to offset?  | report as priority claims  |  |                         |  |  |  |
|                          | ■ No   | Debts to pension or profit-shari   | ng plans, and other similar debts  |                         |  |  |  |
|                          | Yes  | Other. Specify Medical   |  | -                       |  |  |  |
| Part 3                   | List Others to Be Notified About a De  | ebt That You Already Listed  |  | _                       |  |  |  |
| is try<br>have<br>notifi | his page only if you have others to be notified<br>ing to collect from you for a debt you owe to s<br>more than one creditor for any of the debts the<br>ed for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor in<br>nat you listed in Parts 1 or 2, list the addi<br>or submit this page. | Parts 1 or 2, then list the collection agency<br>tional creditors here. If you do not have add | here. Similarly, if you |  |  |  |
| Name a                   | and Address  | On which entry in Part 1 or Part 2 did you Line <b>4.10</b> of (Check one):  | ມ list the original creditor?<br>ີ່ Part 1: Creditors with Priority Unsecured Clai             | me                      |  |  |  |
|                          | ox 769   | `  | Part 2: Creditors with Nonpriority Unsecured   |                         |  |  |  |
|                          | gton, TX 76004-0769  |  |  | Ciaims                  |  |  |  |
|                          |  | Last 4 digits of account number  | 7800   |                         |  |  |  |
|                          | and Address  | On which entry in Part 1 or Part 2 did you   | ı list the original creditor?  |                         |  |  |  |
|                          | da Power Light   |  | Part 1: Creditors with Priority Unsecured Clai   |                         |  |  |  |
|                          | NE Bascom Norris Dr<br>City, FL 32055-6505   |  | Part 2: Creditors with Nonpriority Unsecured   | Claims                  |  |  |  |
|                          |  | Last 4 digits of account number  | 7280   |                         |  |  |  |
|                          | and Address  | On which entry in Part 1 or Part 2 did you   | _  |                         |  |  |  |
|                          | er Emergency Physicians  |  | Part 1: Creditors with Priority Unsecured Clai   |                         |  |  |  |
|                          | IW Commerce Dr<br>City, FL 32055-4709  |  | Part 2: Creditors with Nonpriority Unsecured   | Claims                  |  |  |  |
| Lanc                     |  | Last 4 digits of account number  | 9659   |                         |  |  |  |
| Name a                   | and Address  | On which entry in Part 1 or Part 2 did you   | ı list the original creditor?  |                         |  |  |  |

Official Form 106 E/F

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 32 of 58

| Debtor 1 Riley, Tiffany J.                                | Case number (f know)   |   |  |  |  |
|---|--|---|--|--|--|
| Harper Emergency Physicians                               | Line <b>4.6</b> of (Check one):  | Part 1: Creditors with Priority Unsecured Claims      |  |  |  |
| 340 NW Commerce Dr  |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Lake City, FL 32055-4709                                  | Last 4 digits of account number  | 9585  |  |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 d                                   | id you list the original creditor?                    |  |  |  |
| Lake City Medical Center                                  | Line 4.5 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| 340 NW Commerce Dr  |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Lake City, FL 32055-4709                                  | Last 4 digits of account number  | 6160  |  |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 did you list the original creditor? |   |  |  |  |
| Progress Energy Florida                                   | Line 4.20 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| 400 N Spring Garden Ave<br>Deland, FL 32720-3959          |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Delalia, FL 32120-3939                                    | Last 4 digits of account number  | 5932  |  |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 d                                   | id you list the original creditor?                    |  |  |  |
| Shands Lake Shore   | Line 4.8 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| 368 NE Franklin St  |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Lake City, FL 32055-3088                                  | Last 4 digits of account number  | 0784  |  |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 d                                   | id you list the original creditor?                    |  |  |  |
| Windstream Communications Inc                             | Line 4.16 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| 6410 Southpoint Pkwy # 100<br>Jacksonville, FL 32216-8022 |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Jacksonville, FL 32210-0022                               | Last 4 digits of account number  | 3899  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |     |   |     |     | Total Claim |
|--------------------------|-----|---|-----|-----|-------------|
|                          | 6a. | Domestic support obligations  | 6a. | \$  | 0.00        |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$  | 0.00        |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | · — |             |
|                          |     |   |     | Φ   | 0.00        |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$  | 0.00        |
|                          | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$  | 0.00        |
|                          |     |   |     |     | Total Claim |
|                          | 6f. | Student loans   | 6f. | \$  | 0.00        |
| Total claims             |     |   |     |     |             |
| from Part 2              | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$  | 0.00        |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$  | 0.00        |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$  | 36,130.00   |
|                          | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$  | 36,130.00   |

#### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 33 of 58

| Fill in this infor                      | ill in this information to identify your case: |                    |                       |          |  |  |
|---|--|--------------------|-----------------------|----------|--|--|
| Debtor 1                                | Tiffany J. Riley                               |                    |                       |          |  |  |
|   | First Name                                     | Middle Name        | Last Name             |          |  |  |
| Debtor 2                                |  |                    |                       |          |  |  |
| (Spouse if, filing)                     | First Name                                     | Middle Name        | Last Name             |          |  |  |
| United States Bankruptcy Court for the: |  | MIDDLE DISTRICT OF | FLORIDA, JACKSONVILLE | DIVISION |  |  |
| Case number                             |  |                    |                       |          |  |  |
| (if known)                              |  |                    |                       |          |  |  |
|   |  |                    |                       |          |  |  |

### Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 Aaron's<br>2724 US Highway 90<br>Lake City, FL 32055-9330  | 50" and 42" Tv                          |

### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 34 of 58

| Fill in this in   | formation to identify your                                   | case:  |   |   |   |
|---|--|--|---|---|---|
| Debtor 1  | Tiffany J. Riley   |  |   |   |   |
|   | First Name   | Middle Name  | Last Name   |   |   |
| Debtor 2<br>(Spouse if, filing)                             | First Name   | Middle Name  | Last Name   |   |   |
| United States   | Bankruptcy Court for the:                                    | MIDDLE DISTRICT OF   | FLORIDA, JACKSONVII                                 | LLE DIVISION  |   |
|   |  |  |   |   |   |
| Case number<br>(if known)                                   |  |  |   |   | Check if this is an amended filing  |
|   | Form 106H<br>I <b>le H: Your Cod</b>                         | ebtors   |   |   | 12/15   |
| are filing toge<br>and number t<br>case number<br>1. Do you | ether, both are equally resp                                 | onsible for supplying co<br>the left. Attach the Additi<br>juestion. | rrect information. If mo<br>onal Page to this page. | re space is needed, cop<br>On the top of any Addi   | as possible. If two married people<br>by the Additional Page, fill it out,<br>tional Pages, write your name and |
| ■ No<br>□ Yes   |  |  |   |   |   |
|   | n the last 8 years, have you<br>a, Idaho, Louisiana, Nevada, |  |   |   | tates and territories include Arizona,  |
| _   | o to line 3.<br>Did your spouse, former spou                 | se, or legal equivalent live w                                       | rith you at the time?                               |   |   |
| line 2 ag   | ain as a codebtor only if the chedule E/F (Official Form     | at person is a guarantor   | or cosigner. Make sure                              | you have listed the cre   | rith you. List the person shown in<br>ditor on Schedule D (Official Forn<br>EF/F, or Schedule G to fill out     |
|   | ne, Number, Street, City, State and Z                        | IP Code  |   | Column 2: The cred<br>Check all schedules   | litor to whom you owe the debt sthat apply:   |
| 3.1   |  |  |   | ☐ Schedule D, line  |   |
| Nai   | me   |  |   | □ Schedule E/F, lir □ Schedule G, line  | ne  |
| Nui<br>City   | mber Street<br>y   | State  | ZIP Code  | _   |   |
| 3.2 Nar   | me   |  |   | _ ☐ Schedule D, line☐ Schedule E/F, lin☐ Schedule G, line☐ Schedule D, line☐ Schedule E/F, line☐ Schedu | ne  |
| Nui<br>City   | mber Street  | State  | ZIP Code  | _   |   |

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| Fill        | in this information to identify your  | case:  |   |             |        |  |                       |                                   |            |
|-------------|---|--|---|-------------|--------|--|-----------------------|-----------------------------------|------------|
|             | btor 1 Tiffany J. I   |  |   |             |        |  |                       |                                   |            |
|             | btor 2<br>puse, if filing)  |  |   |             | _      |  |                       |                                   |            |
| Un          | ited States Bankruptcy Court for th   | e: MIDDLE DISTRICT O                                     | F FLORIDA, JACKSO                                   | ONVILLE     | _      |  |                       |                                   |            |
|             | se number<br>nown)  |  |   |             |        | Check if this is:  An amende  A suppleme income as c | nt showi              |                                   | chapter 13 |
| 0           | fficial Form 106l   |  |   |             |        | MM / DD/ Y   | YYY                   |                                   |            |
| S           | chedule I: Your Ind   | come   |   |             |        |  |                       |                                   | 12/15      |
| spo<br>atta | plying correct information. If you use. If you are separated and yo ch a separate sheet to this form.  The separate sheet to this form.  The separate sheet to this form.  The separate sheet to this form. | ur spouse is not filing wit<br>On the top of any additio | h you, do not includ<br>nal pages, write you        | e informa   | atior  | n about your spou<br>case number (if kn              | se. If mo<br>own). Ar | ore space is ne<br>nswer every qu | eded,      |
| ••          | information.  |  | Debtor 1  |             |        |  |                       | filing spouse                     |            |
|             | If you have more than one job,<br>attach a separate page with<br>information about additional   | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |             |        | ☐ Emplo  | •                     |                                   |            |
|             | employers.  | Occupation   | Detention Depu                                      | ıty         |        |  |                       |                                   |            |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name  | Columbia Co. S                                      | Sheriff's   | Off    | ice  |                       |                                   |            |
|             | Occupation may include student homemaker, if it applies.  | Or Employer's address                                    | 917 US Highwa<br>Lake City, FL 3                    |             | 88     |  |                       |                                   |            |
|             |   | How long employed th                                     | nere? <u>5 years</u>                                | 3           |        |  |                       |                                   |            |
| Pa          | rt 2: Give Details About Mo   | onthly Income  |   |             |        |  |                       |                                   |            |
|             | imate monthly income as of the o  | date you file this form. If y                            | ou have nothing to rep                              | ort for an  | y line | e, write \$0 in the spa                              | ice. Inclu            | ıde your non-filir                | ig spouse  |
|             | ou or your non-filing spouse have mo  |  | oine the information fo                             | r all emplo | oyers  | for that person on                                   | the lines             | below. If you ne                  | ed more    |
|             |   |  |   |             |        | For Debtor 1   |                       | ebtor 2 or<br>iling spouse        |            |
| 2.          | List monthly gross wages, saldeductions). If not paid monthly,  |  |   | 2.          | \$     | 2,802.36   | \$                    | N/A                               |            |
| 3.          | Estimate and list monthly over  | rtime pay.   |   | 3.          | +\$    | 0.00   | +\$                   | N/A                               |            |
| 4.          | Calculate gross Income. Add I   | ine 2 + line 3.  |   | 4.          | \$     | 2,802.36   | \$                    | N/A                               |            |

| Det | otor 1   | Riley, Liftany J.  | _          | C      | ase r       | number (if known)  |                   |                                    |
|-----|--|--|------------|--------|-------------|--------------------|-------------------|------------------------------------|
|     |  |  |            |        | <b></b>     | Dahtan 4           | Г.                | - Dahtar O an                      |
|     |  |  |            |        | -or         | Debtor 1           |                   | or Debtor 2 or<br>on-filing spouse |
|     | Copy   | y line 4 here  | 4.         | _      | \$          | 2,802.36           | \$                | N/A                                |
| 5.  | l iet  | all payroll deductions:  |            |        |             |                    | _                 |                                    |
| ٥.  |  |  | <b>-</b> - |        | Φ           | 104.44             | Φ.                | A1/A                               |
|     | 5a.  | Tax, Medicare, and Social Security deductions  | 5a.        |        | \$          | 431.44             | \$_               | N/A                                |
|     | 5b.  | Mandatory contributions for retirement plans   | 5b.        |        | \$          | 0.00               | \$_               | N/A                                |
|     | 5c.  | Voluntary contributions for retirement plans   | 5c.        |        | \$          | 0.00               | \$_               | N/A                                |
|     | 5d.  | Required repayments of retirement fund loans Insurance   | 5d.        |        | \$<br>_     | 0.00               | \$<br>\$          | N/A                                |
|     | 5e.<br>5f.   | Domestic support obligations   | 5e.<br>5f. |        | \$<br>      | 0.00               | \$_               | N/A<br>N/A                         |
|     | 5g.  | Union dues   | 5g.        |        | <u>\$</u> — | 0.00               | \$-               | N/A                                |
|     | 5g.<br>5h.   | Other deductions. Specify: Un/HC- 125  | 5g.<br>5h. |        | \$<br>      |                    | + \$ <sup>-</sup> | N/A                                |
|     | JII.   | Dental   | — "        |        | <u> </u>    | 51.22              | ΄ <sub>\$</sub> - | N/A                                |
|     |  | FRS 3%   | _          |        | \$<br>      | 84.07              | \$-               | N/A                                |
|     |  | Empfd  | _          |        | \$—         | 4.33               | \$-               | N/A                                |
|     |  | Emplo  | _          |        | <u> </u>    | 0.00               | \$-               | N/A                                |
| 6.  | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h.   | —<br>6.    | \$     |             | 680.91             | \$                | N/A                                |
| 7.  |  | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$     | _           | 2,121.45           | \$                | N/A                                |
|     |  |  |            | ,      | _           | 2,1211-10          | Ť-                |                                    |
| 8.  | 8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total            |            |        | •           |                    | •                 |                                    |
|     |  | monthly net income.  | 8a.        |        | \$          | 0.00               | \$_               | N/A                                |
|     | 8b.  | Interest and dividends   | 8b.        | . ;    | \$          | 0.00               | \$_               | N/A                                |
|     | 8c.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive  |            |        |             |                    |                   |                                    |
|     |  | Include alimony, spousal support, child support, maintenance, divorce  |            |        |             |                    |                   |                                    |
|     |  | settlement, and property settlement.   | 8c.        | . :    | \$          | 0.00               | \$                | N/A                                |
|     | 8d.  | Unemployment compensation  | 8d.        | . ;    | \$_         | 0.00               | \$                | N/A                                |
|     | 8e.  | Social Security  | 8e.        |        | \$          | 0.00               | \$                | N/A                                |
|     | 8f.  | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f.        | ;      | \$          | 0.00               | \$                | N/A                                |
|     | 8g.  | Pension or retirement income   | —<br>8g.   | . :    | \$          | 0.00               | \$                | N/A                                |
|     | 8h.  | Other monthly income. Specify:   | 8h.        | + 5    | \$          | 0.00               | + \$ -            | N/A                                |
| 9.  | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$     |             | 0.00               | \$_               | N/A                                |
|     |  |  | _          |        |             |                    |                   |                                    |
| 10. |  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.        | \$     | 2           | 2,121.45 + \$      |                   | N/A = \$ 2,121.45                  |
| 11. | . State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |  |            |        |             |                    |                   |                                    |
| 12. |  | the amount in the last column of line 10 to the amount in line 11. The resu  |            |        |             |                    |                   |                                    |
|     | Write  | e that amount on the Summary of Schedules and Statistical Summary of Certain   | Liabilit   | ties a | and         | Related Data, if i | t appl            |                                    |
|     |  |  |            |        |             |                    |                   | Combined monthly income            |
| 13. | Do y   | ou expect an increase or decrease within the year after you file this form?  | ?          |        |             |                    |                   | •                                  |
|     |  | No.  |            |        |             |                    |                   |                                    |
|     |  | Yes. Explain:  |            |        |             | ·                  |                   |                                    |

| Fill  | n this informa                 | tion to identify you                   | ır ca <u>se:</u> |   |  |             |                    |                               |
|-------|--------------------------------|--|------------------|---|--|-------------|--------------------|-------------------------------|
| Debt  |                                | Tiffany J. Rile                        |                  |   |  | Che         | eck if this is:    |                               |
|       |                                | Tillally 5. Kilk                       | <i>-</i> y       |   | -  |             | An amended filing  |                               |
| Debt  |                                |  |                  |   |  |             |                    | ing postpetition chapter 13   |
| (Spo  | ouse, if filing)               |  |                  |   |  |             | expenses as of the | following date:               |
| Unite | ed States Bankı                | ruptcy Court for the:                  |                  | E DISTRICT OF FLORIDA,<br>ONVILLE DIVISION                  |  |             | MM / DD / YYYY     |                               |
|       | e number<br>nown)              |  |                  |   |  |             |                    |                               |
| Of    | ficial Fo                      | rm 106J                                |                  |   |  |             |                    |                               |
| Sc    | chedule                        | J: Your E                              | xpen             | ses   |  |             |                    | 12/1                          |
| info  | rmation. If m<br>nown). Answ   | ore space is need<br>er every question | ded, attad<br>n. | If two married people are<br>ch another sheet to this fo    |  |             |                    |                               |
| Part  | Is this a joir                 | ibe Your Househ                        | old              |   |  |             |                    |                               |
|       | ■ No. Go to                    |  |                  |   |  |             |                    |                               |
|       |                                | s Debtor 2 live in                     | a senara         | te household?   |  |             |                    |                               |
|       | _ 100. <b>200</b>              |  | и сорига         | no modeomora i  |  |             |                    |                               |
|       |                                |  | file Offici      | al Form 106J-2, Expenses t                                  | or Separate Househ                       | oldof Debto | or 2.              |                               |
|       |                                |  | _                | , <b>,</b>  | ,  |             |                    |                               |
| 2.    | Do you hav                     | e dependents?                          | ■ No             |   |  |             |                    |                               |
|       | Do not list D<br>Debtor 2.     | ebtor 1 and                            | ☐ Yes.           | Fill out this information for each dependent                | Dependent's relati<br>Debtor 1 or Debtor |             | Dependent's age    | Does dependent live with you? |
|       | Do not state                   | the                                    |                  |   |  |             |                    | □ No                          |
|       | dependents                     | names.                                 |                  |   |  |             | _                  | ☐ Yes                         |
|       |                                |  |                  |   |  |             |                    | □ No                          |
|       |                                |  |                  |   |  |             |                    | ☐ Yes                         |
|       |                                |  |                  |   |  |             |                    | □ No                          |
|       |                                |  |                  |   |  |             |                    | ☐ Yes<br>☐ No                 |
|       |                                |  |                  |   |  |             |                    | ☐ Yes                         |
| 3.    | Do your exp                    | enses include                          | _                | No  |  |             |                    | □ Tes                         |
|       | expenses of                    | f people other that<br>d your dependen | an 👝             | No<br>Yes   |  |             |                    |                               |
| Part  |                                | ate Your Ongoin                        |                  |   |  |             |                    | (an 40 and 40 a               |
| exp   |                                |  |                  | ptcy filing date unless yo<br>is filed. If this is a supple |  |             |                    |                               |
|       |                                |  |                  | overnment assistance if                                     |  |             |                    |                               |
|       | ue of such as<br>icial Form 10 |  | e include        | ed it on Schedule I: Your I                                 | ncome                                    |             | Your expe          | enses                         |
| 4.    |                                | or home ownershid any rent for the g   |                  | ses for your residence. Ind                                 | clude first mortgage                     | 4.          | \$                 | 300.00                        |
|       | If not includ                  | led in line 4:                         |                  |   |  |             |                    |                               |
|       | 4a. Real e                     | estate taxes                           |                  |   |  | 4a.         | \$                 | 0.00                          |
|       | 4b. Prope                      | rty, homeowner's,                      | or renter's      | insurance   |  | 4b.         | \$                 | 0.00                          |
|       |                                | maintenance, rep                       |                  |   |  | 4c.         | \$                 | 0.00                          |
| _     |                                | owner's associatio                     |                  |   |  |             | \$                 | 0.00                          |
| 5     | Additional r                   | nortaaae navmer                        | its for vo       | ur rasidanca such as hom                                    | ne equity loans                          | 5           | \$                 | 0.00                          |

| tor 1         | Riley, Tiffany J.  | Case num      | ber (if known) |                            |
|---------------|--|---------------|----------------|----------------------------|
| Utilit        | ies:   |               |                |                            |
| Utilit<br>6a. | Electricity, heat, natural gas   | 6a.           | \$             | 0.00                       |
| 6b.           | Water, sewer, garbage collection   | 6b.           | \$             | 0.00                       |
| 6c.           | Telephone, cell phone, Internet, satellite, and cable services   | 6c.           |                | 300.00                     |
| 6d.           | Other. Specify: cell phone   | 6d.           |                | 50.00                      |
|               | d and housekeeping supplies  | 7.            | \$             | 300.00                     |
|               | dcare and children's education costs   | 8.            | \$             | 0.00                       |
|               | hing, laundry, and dry cleaning  | 9.            | \$             | 200.00                     |
|               | onal care products and services  | 10.           | ·              | 300.00                     |
|               | ical and dental expenses   | 11.           |                |                            |
|               | sportation. Include gas, maintenance, bus or train fare.   | 11.           | Ψ              | 200.00                     |
|               | ot include car payments.   | 12.           | \$             | 0.00                       |
|               | rtainment, clubs, recreation, newspapers, magazines, and books   | 13.           | \$             | 150.00                     |
|               | ritable contributions and religious donations  | 14.           |                | 150.00                     |
| . Insu        | •  |               | ·              | 100.00                     |
|               | ot include insurance deducted from your pay or included in lines 4 or 20.  |               |                |                            |
|               | Life insurance   | 15a.          | \$             | 0.00                       |
| 15b.          | Health insurance   | 15b.          | \$             | 0.00                       |
| 15c.          | Vehicle insurance  | 15c.          | \$             | 220.00                     |
|               | Other insurance. Specify:  | 15d.          | ·              | 0.00                       |
|               | es. Do not include taxes deducted from your pay or included in lines 4 or 20.  |               |                | 0.00                       |
| Spec          | oify:  | 16.           | \$             | 0.00                       |
|               | Illment or lease payments:  Car payments for Vehicle 1   | 17a.          | ¢              | 204.00                     |
|               | • •  |               | ·              | 394.00                     |
|               | Car payments for Vehicle 2   | 17b.          | ·              | 0.00                       |
|               | Other. Specify:  | 17c.          |                | 0.00                       |
|               | Other. Specify:  | 17d.          | \$             | 0.00                       |
|               | r payments of alimony, maintenance, and support that you did not report  |               | \$             | 0.00                       |
|               | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106ler payments you make to support others who do not live with you.   | <b>).</b> 10. | \$             | 0.00                       |
| Spec          |  | 19.           | Ψ              | 0.00                       |
|               | er real property expenses not included in lines 4 or 5 of this form or on $Sc$   |               | ır Income      |                            |
|               | Mortgages on other property  | 20a.          |                | 0.00                       |
|               | Real estate taxes  | 20b.          |                | 0.00                       |
|               | Property, homeowner's, or renter's insurance   | 20c.          |                | 0.00                       |
|               | • •  | 20d.          |                |                            |
|               | Maintenance, repair, and upkeep expenses   |               |                | 0.00                       |
|               | Homeowner's association or condominium dues  | 20e.          | ·              | 0.00                       |
| . Othe        | er: Specify: Gasoline  | 21.           | +\$            | 200.00                     |
| 2. Calc       | ulate your monthly expenses  |               |                |                            |
| 22a.          | Add lines 4 through 21.  |               | \$             | 2,764.00                   |
| 22b.          | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-   | -2            | \$             | , -                        |
|               | Add line 22a and 22b. The result is your monthly expenses.   |               | \$ <del></del> | 2,764.00                   |
|               |  |               |                | 2,104.00                   |
|               | ulate your monthly net income.   |               |                |                            |
| 23a.          | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.          | \$             | 2,121.45                   |
| 23b.          | Copy your monthly expenses from line 22c above.  | 23b.          | -\$            | 2,764.00                   |
|               |  |               |                | •                          |
| 23c.          | Subtract your monthly expenses from your monthly income.   | 00            | •              | GAO EE                     |
|               | The result is your monthly net income.   | 23c.          | \$             | -642.55                    |
| For e         | ou expect an increase or decrease in your expenses within the year after xample, do you expect to finish paying for your car loan within the year or do you expect fication to the terms of your mortgage? |               |                | ase or decrease because of |
| ■ N           |  |               |                |                            |
| $\square$ Y   | es. Explain here:  |               |                |                            |

| Fill in this inforn             | nation to identify your                       | case:                     |                              |                         |   |
|---------------------------------|---|---------------------------|------------------------------|-------------------------|---|
| Debtor 1                        | Tiffany J. Riley                              |                           |                              |                         |   |
| D.1.                            | First Name                                    | Middle Name               | Last Name                    | }                       |   |
| Debtor 2<br>(Spouse if, filing) | First Name                                    | Middle Name               | Last Name                    |                         |   |
| United States Ba                | nkruptcy Court for the:                       | MIDDLE DISTRICT OF        | FLORIDA, JACKSONVILLI        | E DIVISION              |   |
| Case number<br>(if known)       |   |                           |                              |                         | ☐ Check if this is an amended filing                                    |
| Official Forn <b>Declarat</b>   |   | an Individual             | Debtor's Sc                  | hedules                 | 12/15   |
| years, or both. 18              | 3 U.S.C. §§ 152, 1341, 1<br>n Below           |                           |                              | • , , ,                 | or imprisonment for up to 20  |
| <u> </u>                        |   | one who is NOT an attorn  | ev to help you fill out har  | nkruntev forms?         |   |
| ■ No                            | y or agree to pay some                        | one who is not all accom  | icy to help you illi out bar | iki uptoy forms:        |   |
| ☐ Yes. N                        | lame of person                                |                           |                              |                         | ruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
| •                               | ty of perjury, I declare<br>true and correct. | that I have read the sumn | nary and schedules filed v   | with this declaration a | and   |
| X /s/ Tiffa                     | any J. Riley                                  |                           | X                            |                         |   |
| Tiffany                         | y J. Riley<br>re of Debtor 1                  |                           | Signature of E               | Debtor 2                |   |
| Date <b>J</b>                   | June 29, 2016                                 |                           | Date                         |                         |   |

| Fi     | ll in this inform               | ation to identify you                   | case:   |                                    |                              |                                    |
|--------|---------------------------------|---|---|------------------------------------|------------------------------|------------------------------------|
| De     | ebtor 1                         | Tiffany J. Riley                        |   |                                    |                              |                                    |
| <br> _ | ebtor 2                         | First Name                              | Middle Name   | Last Name                          |                              |                                    |
|        | oouse if, filing)               | First Name                              | Middle Name   | Last Name                          |                              |                                    |
| Uı     | nited States Bar                | kruptcy Court for the:                  | MIDDLE DISTRICT OF FL   | ORIDA, JACKSONVILLE D              | IVISION                      |                                    |
| Ca     | ase number                      |   |   |                                    |                              |                                    |
| (if    | known)                          |   |   |                                    | _                            | Check if this is an amended filing |
|        |                                 |   |   |                                    |                              | amended ming                       |
| 0      | fficial For                     | m 107                                   |   |                                    |                              |                                    |
| _      |                                 |   | Affairs for Individ   | uals Filing for B                  | ankruptcy                    | 4/16                               |
|        |                                 |   | ole. If two married people are  |                                    |                              | ying correct                       |
|        |                                 | ore space is needed, or every question. | attach a separate sheet to th   | is form. On the top of any         | additional pages, write your | name and case number               |
| _      |                                 |   | rital Status and Where You I  | _ived Before                       |                              |                                    |
|        |                                 |   |   | 21704 201010                       |                              |                                    |
| 1.     | -                               | current marital statu                   | 5!  |                                    |                              |                                    |
|        | ■ Married □ Not man             | riad                                    |   |                                    |                              |                                    |
| _      |                                 |   |   |                                    |                              |                                    |
| 2.     | During the la                   | st 3 years, have you                    | lived anywhere other than w   | here you live now?                 |                              |                                    |
|        | □ No                            |   |   |                                    |                              |                                    |
|        | ■ Yes. List                     | all of the places you liv               | ved in the last 3 years. Do not in  | nclude where you live now.         |                              |                                    |
|        | Debtor 1 Pri                    | or Address:                             | Dates Debtor 1 li<br>there  | ived Debtor 2 Prior Ad             | dress:                       | Dates Debtor 2<br>lived there      |
|        | 235 SW Lu                       |   | From-To:  | ☐ Same as Debtor                   | 1                            | Same as Debtor 1                   |
|        | Lake City,                      | FL 32024-3624                           | 9/08-9/15   |                                    |                              | From-To:                           |
|        | tes and territorie  No Yes. Mal | es include Árizona, Cal                 | rer live with a spouse or lega<br>ifornia, Idaho, Louisiana, Neva<br>edule H: Your Codebtors (Offic | ada, New Mexico, Puerto Rid        |                              |                                    |
|        |                                 |   |   |                                    |                              |                                    |
| 4.     | Fill in the tota                | I amount of income yo                   | nployment or from operating<br>u received from all jobs and al<br>nave income that you receive to   | l businesses, including part-      | time activities.             | dar years?                         |
|        | □ No                            |   |   |                                    |                              |                                    |
|        | Yes. Fill                       | in the details.                         |   |                                    |                              |                                    |
|        |                                 |   | Debtor 1  |                                    | Debtor 2                     |                                    |
|        |                                 |   | Sources of income   | Gross income                       | Sources of income            | Gross income                       |
|        |                                 |   | Check all that apply.   | (before deductions and exclusions) | Check all that apply.        | (before deductions and exclusions) |
|        |                                 | of current year until                   | ■ Wages, commissions,   | \$14,275.71                        | ☐ Wages, commissions,        |                                    |
| th     | e date you filed                | l for bankruptcy:                       | bonuses, tips   | ·                                  | bonuses, tips                |                                    |
|        |                                 |   | ☐ Operating a business  |                                    | ☐ Operating a business       |                                    |

Official Form 107

| Debtor 1 Riley, Tiffany J                               | •   |                            | Cas  | se number (if known)                |                |   |
|---|---|----------------------------|--|-------------------------------------|----------------|---|
|   |   |                            |  |                                     |                |   |
|   | Debtor 1                                      |                            |  | Debtor 2                            |                |   |
|   |   | of income<br>I that apply. | Gross income<br>(before deductions and<br>exclusions)            | Sources of ince<br>Check all that a |                | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year: (January 1 to December 31, 2    | ■ Wage bonuses,                               | es, commissions,<br>tips   | \$31,124.00  | ☐ Wages, com bonuses, tips          | missions,      |   |
|   | ☐ Opera                                       | ating a business           |  | ☐ Operating a                       | business       |   |
| For the calendar year before (January 1 to December 31, |   | es, commissions,<br>tips   | \$33,391.00  | ☐ Wages, com bonuses, tips          | missions,      |   |
|   | ☐ Opera                                       | ating a business           |  | ☐ Operating a                       | business       |   |
|   | ross income from ear                          | •                          | gether, list it only once under<br>ly. Do not include income tha | t you listed in line 4.             |                |   |
|   | Debtor 1<br>Sources<br>Describe               | of income<br>below.        | Gross income from each source (before deductions and exclusions) | Sources of inco<br>Describe below.  | ome            | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2 | Debtor's<br>2015) Refund                      | s Income Tax<br>2015       | \$1,218.00   |                                     |                |   |
| For the calendar year before (January 1 to December 31, |   | s Income Tax<br>2014       | \$995.00   |                                     |                |   |
| Part 3: List Certain Paymo                              | ents You Made Befo                            | ore You Filed for E        | 3ankruptcy   |                                     |                |   |
|   | •   | s primarily consu          | mer debts. Consumer debts  | are defined in 11 U                 | .S.C. § 101(8) | as "incurred by an                                    |
| - ·   | days before you filed o to line 7.            | for bankruptcy, did        | you pay any creditor a total o                                   | f \$6,425* or more?                 |                |   |
| Cr  | editor. Do not includ                         | e payments for dor         | a total of \$6,425* or more in mestic support obligations, s     |                                     |                |   |
|   | ayments to an attorne<br>djustment on 4/01/19 |                            | ey case.<br>after that for cases filed on or                     | after the date of adj               | ustment.       |   |
|   | ebtor 2 or both hav<br>days before you filed  |                            | mer debts.<br>you pay any creditor a total o                     | f \$600 or more?                    |                |   |
| ■ No. G   | o to line 7.                                  |                            |  |                                     |                |   |
| pa  |   |                            | a total of \$600 or more and t<br>s, such as child support and a |                                     |                |   |
| Creditor's Name and Ac                                  | Idress  | Dates of payme             | ent Total amount   | Amount you still owe                | Was this pa    | ayment for  |

| Deb    | btor 1 Riley, Tiffany J.  |  | Cas  | se number (if known)                       |                                      |                       |
|--------|---|--|--|--|--------------------------------------|-----------------------|
|        |   |  |  |  |                                      |                       |
| 7.     | Within 1 year before you filed for bankrup<br>Insiders include your relatives; any general par<br>which you are an officer, director, person in co<br>business you operate as a sole proprietor. 11 l | rtners; relatives of any genera<br>antrol, or owner of 20% or mo | al partners; partnershi<br>re of their voting secu | ps of which you are<br>rities; and any man | a general partner aging agent, inclu | ding one for a        |
|        | ■ No □ Yes. List all payments to an insider.  |  |  |  |                                      |                       |
|        | Insider's Name and Address  | Dates of payment   | Total amount paid                                  | Amount you still owe                       | Reason for thi                       | s payment             |
| 8.     | Within 1 year before you filed for bankrup insider?   |  | ments or transfer ar                               | ny property on ac                          | count of a debt t                    | nat benefited an      |
|        | Include payments on debts guaranteed or cos   | igned by an insider.   |  |  |                                      |                       |
|        | No  |  |  |  |                                      |                       |
|        | ☐ Yes. List all payments to an insider  |  |  |  |                                      |                       |
|        | Insider's Name and Address  | Dates of payment   | Total amount paid                                  | Amount you still owe                       | Reason for thi<br>Include creditor   |                       |
| Par    | rt 4: Identify Legal Actions, Repossessio   | ns, and Foreclosures   |  |  |                                      |                       |
| 9.     | Within 1 year before you filed for bankrup List all such matters, including personal injury and contract disputes.  No Yes, Fill in the details.  |  |  |  |                                      |                       |
|        | Case title  | Nature of the case   | Court or agency                                    |  | Status of the c                      | ase                   |
|        | Case number   |  |  |  |                                      |                       |
|        | Carrington Mortage Services, LLC vs<br>Tiffany J. Riley<br>15-520CA   | Notice of Lis<br>Pendens   | Columbia Cou<br>173 NE Hernar<br>Lake City, FL 3   | ndo Ave # 225                              | ■ Pending □ On appeal □ Concluded    |                       |
| 10.    | Within 1 year before you filed for bankrup<br>Check all that apply and fill in the details belo   |  | rty repossessed, fo                                | reclosed, garnish                          | ed, attached, sei                    | zed, or levied?       |
|        | ☐ No. Go to line 11.  |  |  |  |                                      |                       |
|        | Yes. Fill in the information below.   |  |  |  |                                      |                       |
|        | Creditor Name and Address   | Describe the Property  |  | Date                                       |                                      | Value of the property |
|        |   | Explain what happened  |  |  |                                      |                       |
|        | Regional Acceptance Co<br>9965 San Jose Blvd  | 2007 Chevrolet Trail   |  | 12/20                                      | 011                                  | \$8,000.00            |
|        | Jacksonville, FL 32257-5856   | ■ Property was reposse   |  |  |                                      |                       |
|        |   | ☐ Property was foreclos ☐ Property was garnishe                  |  |  |                                      |                       |
|        |   | ☐ Property was attached  |  |  |                                      |                       |
| 11.    | Within 90 days before you filed for bankru accounts or refuse to make a payment bed  No  Yes. Fill in the details.  |  | uding a bank or fina                               | ancial institution,                        | set off any amou                     | nts from your         |
|        | Creditor Name and Address   | Describe the action the  | creditor took                                      |  | action was                           | Amount                |
|        |   |  |  | taken                                      |                                      |                       |
| 12.    | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a  |  | rty in the possessio                               | on of an assignee                          | for the benefit of                   | creditors, a          |
|        | ☐ Yes   |  |  |  |                                      |                       |
| Offici | cial Form 107 State   | ement of Financial Affairs for I                                 | Individuals Filing for B                           | Bankruptcy                                 |                                      | page                  |

Case number (if known)

| Pa  | rt 5: List Certain Gifts and Contributions   | 3        |   |                                   |   |  |  |  |  |
|-----|--|----------|---|-----------------------------------|---|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift. |          |   |                                   |   |  |  |  |  |
|     | Gifts with a total value of more than \$600 person   | per      | Describe the gifts  | Dates you gave the gifts          | Value   |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:  |          |   |                                   |   |  |  |  |  |
| 14. | ■ No   |          | lid you give any gifts or contributions with a total  | value of more than \$6            | 600 to any charity?                           |  |  |  |  |
|     | Yes. Fill in the details for each gift or cor  |          |   |                                   |   |  |  |  |  |
|     | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code   |          | Describe what you contributed   | Dates you contributed             | Value   |  |  |  |  |
| Do  | rt 6: List Certain Losses  | ,        |   |                                   |   |  |  |  |  |
| 15. | Within 1 year before you filed for bankrup or gambling?  □ No ■ Yes. Fill in the details.  Describe the property you lost and how the loss occurred                      | Descri   | since you filed for bankruptcy, did you lose anyth ibe any insurance coverage for the loss the amount that insurance has paid. List pending | Date of your loss                 | fire, other disaster,  Value of property losi |  |  |  |  |
|     | Theft- Dining Room Table With<br>Glass Top, 4 High Swivel Chair  |          | nce claims on line 33 of Schedule A/B: Property.  | 5/27/16                           | \$2,500.00                                    |  |  |  |  |
| Pa  | rt 7: List Certain Payments or Transfers   |          |   |                                   |   |  |  |  |  |
| 16. | consulted about seeking bankruptcy or pi   | reparin  | d you or anyone else acting on your behalf pay ong a bankruptcy petition? or credit counseling agencies for services required in            | , , ,                             | y to anyone you                               |  |  |  |  |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |          |   |                                   |   |  |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | ou       | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment                             |  |  |  |  |
|     | Law Offices of Keith D Collier, PLLo<br>2350 Park St<br>Jacksonville, FL 32204-4318  |          | \$430.00 Fees and Cost associated with Court Filing Fees, Credit Report(s), Asset Check(s) and Tax Verification(s).                         | 6/9/16                            | \$430.00                                      |  |  |  |  |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that you                                     | itors or |   | transfer any propert              | y to anyone who                               |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |          |   |                                   |   |  |  |  |  |
|     | Person Who Was Paid<br>Address   |          | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment                             |  |  |  |  |
|     |  |          |   |                                   |   |  |  |  |  |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

Debtor 1 Riley, Tiffany J.

### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 44 of 58

| Deb | otor 1                  | Riley, Tiffany J.   |  |                     | Case num      | ber (if known)  |                        |
|-----|-------------------------|---|--|---------------------|---------------|---|------------------------|
|     |                         |   |  |                     |               | -   |                        |
|     | Include gifts a         | ferred in the ordinary course of your bus<br>de both outright transfers and transfers made<br>and transfers that you have already listed on t<br>No<br>Yes. Fill in the details.            | as security (such as the   |                     | curity intere | st or mortgage on your prop                                 | erty). Do not include  |
|     |                         | son Who Received Transfer   | Description and v  |                     | payme         | ibe any property or<br>ents received or debts<br>n exchange | Date transfer was made |
|     | Pers                    | on's relationship to you  |  |                     | paid ii       | i excilatige  |                        |
| 19. | bene                    | in 10 years before you filed for bankruptc<br>ficiary? (These are often called asset-protect<br>No  |  | y property to a se  | elf-settled   | trust or similar device of                                  | which you are a        |
|     |                         | Yes. Fill in the details.   |  |                     |               |   |                        |
|     | Nam                     | e of trust  | Description and v  | alue of the prope   | erty transi   | ferred  | Date Transfer was made |
| Par | t 8:                    | List of Certain Financial Accounts, Instr   | uments. Safe Deposit   | Boxes, and Stora    | age Units     |   |                        |
|     |                         |   |  |                     |               | lin   |                        |
| 20. | sold,<br>Inclu-<br>hous | in 1 year before you filed for bankruptcy,<br>moved, or transferred?<br>de checking, savings, money market, or des, pension funds, cooperatives, associa<br>No<br>Yes. Fill in the details. | other financial accoun   | ts; certificates of |               |   |                        |
|     |                         |   | Last 4 digits of   | Type of accou       | nt or         | Date account was  | Last balance before    |
|     |                         | ress (Number, Street, City, State and ZIP   | account number   | instrument          | 0.            | closed, sold,<br>moved, or<br>transferred                   | closing or transfer    |
| 21. |                         | ou now have, or did you have within 1 yea<br>, or other valuables?  | ar before you filed for  | bankruptcy, any     | safe depo     | osit box or other deposito                                  | ry for securities,     |
|     |                         | No<br>Yes. Fill in the details.   |  |                     |               |   |                        |
|     | _                       | res. Fin in the details.<br>he of Financial Institution   | Who else had acc   | eass to it?         | Describe      | the contents  | Do you still           |
|     |                         | ress (Number, Street, City, State and ZIP Code)   | Address (Number, S<br>and ZIP Code)                                |                     | Describe      | ine coments   | have it?               |
| 22. | Have                    | you stored property in a storage unit or  | place other than your  | home within 1 ye    | ear before    | you filed for bankruptcy?                                   | •                      |
|     | _                       | No<br>Yes. Fill in the details.   |  |                     |               |   |                        |
|     |                         | ne of Storage Facility ress (Number, Street, City, State and ZIP Code)  | Who else has or I<br>to it?<br>Address (Number, S<br>and ZIP Code) |                     | Describe 1    | the contents  | Do you still have it?  |
| Par | t 9:                    | Identify Property You Hold or Control fo  | or Someone Else  |                     |               |   |                        |
| 23. | some                    |   | eone else owns? Inclu  | de any property     | you borro     | owed from, are storing for,                                 | or hold in trust for   |
|     | _                       | No<br>Yes. Fill in the details.   |  |                     |               |   |                        |
|     | Own                     | res. Fill in the details. er's Name ress (Number, Street, City, State and ZIP Code)   | Where is the prop  |                     | Describe      | the property  | Value                  |
|     |                         |   | Code)  |                     |               |   |                        |
| Par | t 10:                   | Give Details About Environmental Inform   | mation   |                     |               |   |                        |
| _   |                         |   |  |                     |               |   |                        |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations

### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 45 of 58

| De  | btor 1 Rile   | ey, Tiffany J.   |  | Case number (if known)                 |                       |  |  |  |  |
|-----|---|--|--|--|-----------------------|--|--|--|--|
|     |   |  |  |  |                       |  |  |  |  |
|     | controlling   | the cleanup of these substances  | s, wastes, or material.  |  |                       |  |  |  |  |
|     |   |  | as defined under any environmental la                                | w, whether you now own, operate, or    | utilize it or used to |  |  |  |  |
|     | ′ •   | ate, or utilize it, including disposa  |  |  |                       |  |  |  |  |
| -   |   | ollutant, contaminant, or similar t  | ironmental law defines as a hazardous v<br>erm.                      | vaste, nazardous substance, toxic sui  | ostance, nazardous    |  |  |  |  |
| Rep | ort all notic   | es, releases, and proceedings tha  | at you know about, regardless of when t                              | hey occurred.                          |                       |  |  |  |  |
| 24. | Has any go  | overnmental unit notified you that   | t you may be liable or potentially liable ι                          | under or in violation of an environmer | ntal law?             |  |  |  |  |
|     | ■ No  |  |  |  |                       |  |  |  |  |
|     | ☐ Yes. F  | Fill in the details.   |  |  |                       |  |  |  |  |
|     | Name of s<br>Address (I   | site<br>Number, Street, City, State and ZIP Code)                                      | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it      | Date of notice        |  |  |  |  |
| 25. | Have you r  | notified any governmental unit of  | any release of hazardous material?                                   |  |                       |  |  |  |  |
|     | ■ No  |  |  |  |                       |  |  |  |  |
|     | _   | Fill in the details.   |  |  |                       |  |  |  |  |
|     | Name of s<br>Address (I   | ite<br>Number, Street, City, State and ZIP Code)                                       | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it      | Date of notice        |  |  |  |  |
| 26. | Have you b  | peen a party in any judicial or adr  | ninistrative proceeding under any enviro                             | onmental law? Include settlements an   | d orders.             |  |  |  |  |
|     | _   |  |  |  |                       |  |  |  |  |
|     | ■ No<br>□ Yes. F  | Fill in the details.   |  |  |                       |  |  |  |  |
|     | Case Title<br>Case Num  |  | Court or agency Name Address (Number, Street, City, State            | Nature of the case                     | Status of the case    |  |  |  |  |
|     | Oine  | Datalla Alicant Vicini Daraharan   | and ZIP Code)  |  |                       |  |  |  |  |
| Pa  | Give  | Details About Your Business or   | Connections to Any Business  |  |                       |  |  |  |  |
| 27. | Within 4 ye   | ears before you filed for bankrupt   | cy, did you own a business or have any                               | of the following connections to any l  | ousiness?             |  |  |  |  |
|     | □As   | sole proprietor or self-employed i   | n a trade, profession, or other activity, e                          | either full-time or part-time          |                       |  |  |  |  |
|     | □Ar   | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |  |  |                       |  |  |  |  |
|     | □ A p   | ☐ A partner in a partnership   |  |  |                       |  |  |  |  |
|     | ☐ An  | officer, director, or managing ex  | ecutive of a corporation   |  |                       |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation |  |  |  |                       |  |  |  |  |
|     | ■ No. No  | one of the above applies. Go to F  | Part 12.   |  |                       |  |  |  |  |
|     | ☐ Yes. 0  | Check all that apply above and fill  | in the details below for each business.                              |  |                       |  |  |  |  |
|     | Business  | Name   | Describe the nature of the business                                  | Employer Identification number         |                       |  |  |  |  |
|     | Address<br>(Number, Str   | eet, City, State and ZIP Code)   | Name of accountant or bookkeeper                                     | Do not include Social Security         | number or ITIN.       |  |  |  |  |
|     |   |  |  | Dates business existed                 |                       |  |  |  |  |
| 28. |   | ears before you filed for bankrupt<br>s, creditors, or other parties.                  | cy, did you give a financial statement to                            | anyone about your business? Includ     | le all financial      |  |  |  |  |
|     | ■ No  |  |  |  |                       |  |  |  |  |
|     | ☐ Yes. F  | Fill in the details below.   |  |  |                       |  |  |  |  |
|     | Name<br>Address<br>(Number, Str   | eet, City, State and ZIP Code)   | Date Issued  |  |                       |  |  |  |  |
| Pa  | rt 12: Sign   | Below  |  |  |                       |  |  |  |  |
|     |   |  |  |  |                       |  |  |  |  |

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 46 of 58

| Debtor 1      | Riley, Tiffany                           | J.   | Case number (if known)                               |
|---------------|--|--|--|
| •             | cy case can result<br>§§ 152, 1341, 1519 | in fines up to \$250,000, or imprisonment for up t | o 20 years, or both.                                 |
| /s/ Tiffa     | ny J. Riley                              |  |  |
| ,             | J. Riley<br>e of Debtor 1                | Signature of Deb                                   | tor 2  |
| Date <u>J</u> | lune 29, 2016                            | Date   |  |
| Did you a     | ttach additional pa                      | ages to Your Statement of Financial Affairs for In | dividuals Filing for Bankruptcy (Official Form 107)? |
| ■ No          |  |  |  |
| ☐ Yes         |  |  |  |
| Did you p     | pay or agree to pay                      | someone who is not an attorney to help you fill    | out bankruptcy forms?                                |
| ■ No          |  |  |  |
| ∏ Yes N       | lame of Person                           | Attach the Bankruptcy Petition Preparer's Notice   | Peclaration and Signature (Official Form 119)        |

| Fill in this informa                   | ation to identify your                          | case:                 |   |   |
|--|---|-----------------------|---|---|
| Debtor 1                               | Tiffany J. Riley                                |                       |   |   |
| Debtor 2                               | First Name                                      | Middle Name           | Last Name   |   |
| (Spouse if, filing)                    | First Name                                      | Middle Name           | Last Name   |   |
| United States Bank                     | kruptcy Court for the:                          | MIDDLE DISTRIC        | T OF FLORIDA, JACKSONVILLE DIVISION   |   |
| Case number(if known)                  |   |                       |   | ☐ Check if this is an amended filing                |
| Official For<br><b>Statemen</b>        |   | n for Indiv           | /iduals Filing Under Chapto   | er 7 12/15  |
| creditors have                         | idual filing under chap<br>claims secured by yo | ur property, or       |   |   |
| You must file this                     | er is earlier, unless the                       | thin 30 days after y  | ot expired.  Four file your bankruptcy petition or by the date set the file time for cause. You must also send copies to the community of the |   |
| •                                      | ple are filing together<br>the form.            | in a joint case, both | n are equally responsible for supplying correct info  | rmation. Both debtors must sign                     |
|  | nd accurate as possibl<br>ur name and case nun  |                       | needed, attach a separate sheet to this form. On the  | e top of any additional pages,                      |
| Part 1: List You                       | ur Creditors Who Have                           | e Secured Claims      |   |   |
| 1. For any creditor information belo   | •   | rt 1 of Schedule D:   | Creditors Who Have Claims Secured by Property (   | Official Form 106D), fill in the                    |
| Identify the cred                      | ditor and the property t                        | hat is collateral     | What do you intend to do with the property that secures a debt?   | Did you claim the property as exempt on Schedule C? |
|  |   |                       |   |   |
| Creditor's Ca                          | pital One Auto Fin                              | ance                  | ■ Surrender the property.   | ■ No  |
| name:                                  |   |                       | ☐ Retain the property and redeem it.  |   |
| Description of                         | 2012 Chevrolet Ma                               | alibu                 | ☐ Retain the property and enter into a <i>Reaffirmation</i> Agreement.  | ☐ Yes   |
| property securing debt:                |   |                       | Retain the property and [explain]:  | _   |
| Creditor's Ca                          | rrington Mortgage                               | SE                    | ■ Surrender the property.   | ■ No  |
| name:                                  |   |                       | ☐ Retain the property and redeem it.  | Пу  |
| Description of property securing debt: | 235 SW Lucky Dr,<br>32024-3624                  | Lake City, FL         | <ul><li>☐ Retain the property and enter into a Reaffirmation Agreement.</li><li>☐ Retain the property and [explain]:</li></ul>  | ☐ Yes<br>—  |
| Creditor's Mc                          | ott Buick                                       |                       | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ No  |
|  | 2008 Chevrolet Im                               | pala                  | <ul> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a <i>Reaffirmation Agreement</i>.</li> <li>Retain the property and [explain]:</li> </ul>  | ■ Yes   |
| securing debt:                         |   |                       |   | _   |

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Official Form 108

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 48 of 58

| Del        | btor 1 Riley, Tif                   | ffany J.  | Case number (if kno   | own)                            |
|------------|-------------------------------------|---|---|---------------------------------|
|            |                                     |   |   |                                 |
| Par        | rt 2: List Your U                   | Inexpired Personal Property Lea   | nses  |                                 |
| For<br>the | any unexpired per information below | rsonal property lease that you li<br>v. Do not list real estate leases. U | isted in Schedule G: Executory Contracts and Unexpir<br>Jnexpired leases are leases that are still in effect; the<br>the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                                 |
| Des        | scribe your unexp                   | ired personal property leases   |   | Will the lease be assumed?      |
| Les        | ssor's name:                        | Aaron's   |   | □ No                            |
|            |                                     |   |   | Yes                             |
|            | scription of leased operty:         | 50" and 42" Tv  |   |                                 |
| Par        | rt 3: Sign Below                    | ,   |   |                                 |
|            | . , . ,                             | ury, I declare that I have indicate<br>ct to an unexpired lease.          | ed my intention about any property of my estate that s  | secures a debt and any personal |
| X          | /s/ Tiffany J. R                    | Riley   | X   |                                 |
|            | Tiffany J. Rile                     | -   | Signature of Debtor 2   |                                 |
|            | Signature of Deb                    | tor 1   |   |                                 |
|            | Date <b>June</b>                    | 29, 2016  | Date  |                                 |
|            | -                                   | · · · · · · · · · · · · · · · · · · ·                                     |   | <del></del>                     |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |   |
|------------|--------------------|---|
| \$245      | filing fee         | _ |
| \$75       | administrative fee |   |
| + \$15     | trustee surcharge  |   |
| \$335      | total fee          |   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.  $_{B201B\;(Form\;201B)\;(12/09)}$ Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 53 of 58

#### United States Bankruptcy Court Middle District of Florida, Jacksonville Division

| IN RE:            | Case No.  |  |  |
|-------------------|-----------|--|--|
| Riley, Tiffany J. | Chapter 7 |  |  |
| Debtor(s)         | •         |  |  |
|                   |           |  |  |

| Debidi(s)   |                                      |  |
|---|--------------------------------------|--|
| CERTIFICATION OF NOTION OF UNDER § 342(b) OF T  | CE TO CONSUMER D<br>HE BANKRUPTCY CO |  |
| Certificate of [Non-Attorne   | y] Bankruptcy Petition               | Preparer   |
| I, the [non-attorney] bankruptcy petition preparer signing the debnotice, as required by § 342(b) of the Bankruptcy Code. | tor's petition, hereby certify       | y that I delivered to the debtor the attached  |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:  | I                                    | Social Security number (If the bankruptcy petition preparer is not an individual, state he Social Security number of the officer, principal, responsible person, or partner of he bankruptcy petition preparer.) |
| X Signature of Bankruptcy Petition Preparer of officer, principal, re   |                                      | Required by 11 U.S.C. § 110.)  |
| partner whose Social Security number is provided above.   | esponsible person, or                |  |
| Certificat  | e of the Debtor                      |  |
| I (We), the debtor(s), affirm that I (we) have received and read the  | ne attached notice, as require       | ed by § 342(b) of the Bankruptcy Code.   |
| Riley, Tiffany J.   | _ X ∕s/ Tiffany J. Riley             | 6/29/2016  |
| Printed Name(s) of Debtor(s)  | Signature of Debtor                  | Date   |
| Case No. (if known)   | _ X                                  |  |
|   | Signature of Joint Do                | ebtor (if any) Date  |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Middle District of Florida, Jacksonville Division

| In | re Riley, Tiffany J.  |                                      | Case N            | lo                                      |
|----|---|--------------------------------------|-------------------|---|
|    |   | Debtor(s)                            | Chapte            | r <b>7</b>                              |
|    | DISCLOSURE OF COM   | IPENSATION OF ATTO                   | RNEY FOR          | R DEBTOR                                |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplat | filing of the petition in bankruptcy | , or agreed to be | paid to me, for services rendered or to |
|    | For legal services, I have agreed to accept   |                                      | \$                | 1,535.00                                |
|    | Prior to the filing of this statement I have received   | ved                                  | \$                | 95.00                                   |
|    | Balance Due   |                                      | \$                | 1,440.00                                |
|    |   |                                      |                   |   |

- 2. The source of the compensation paid to me was:
  - Debtor □ Other (specify):
- 3. The source of compensation to be paid to me is:
  - Debtor □ Other (specify):
- 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
  - ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
- 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]

\$335.00 Court Filing Fee Paid Prior to Filing.

\$95.00 Cost and Fees paid prior to filing: are for services rendered pre-petition (before filing) only and include credit report cost, asset check cost and tax verification cost, legal advice, pulling credit, asset check and taxes, review of income and documents, and include preparing and filing the means test, schedules, statement of financial affairs and filing the credit counseling certificate.

\$1,440.00 Fees paid post-petition: these fees will be paid after filing the case, post-petition. Fees are for services rendered post-petition and include providing post-petition legal advice, helping clients send documents to trustee and prepare clients for phone conference with Trustee, attending one 341 meeting, send suggestions of bankruptcy to creditors and courts, negotiating buy back of personal property, attending hearings or 2004 examinations associated with filing the case and trustee, authorization letters to creditors for permission to contact client, filing of debtor education certificate. (Specifically excluded and listed in the "Additional Fees" section of the client's retainer agreement are 1) hearings caused by clients failure to disclose, or failure to provide documents or information to the Law Offices of Keith D. Collier, the Trustee, the U.S. Trustee or a creditor; 2) hearings and pleadings necessary due to a client's failure to attend any scheduled meeting or hearing; 3) motions to vacate judgments or liens; 4) reaffirmation agreements; and 5) issues and matters that are not a natural consequence of the case. Other fees may apply for additional services rendered after filing.) An amended fee disclosure shall be filed for any additional fees charged.

If the Debtor(s) decide not to hire our firm or later cancel their Post-Petition agreement we will amended this disclosure after the Court grants our motion to withdraw as counsel.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 55 of 58

| In re | Riley, Tiffany J. | Case No. |  |
|-------|-------------------|----------|--|
|       | Debtor(s)         |          |  |

# DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

|  | (Continuation Sheet)  |  |  |  |
|--|---|--|--|--|
| CERTIFICATION  |   |  |  |  |
| I certify that the foregoing is a complete state this bankruptcy proceeding. | ement of any agreement or arrangement for payment to me for representation of the debtor(s) in  |  |  |  |
| June 29, 2016  Date  | /s/ Keith D. Collier  Keith D. Collier  Signature of Attorney Law Office of Keith D. Collier, PLLC  2350 Park St Jacksonville, FL 32204-4318 (904) 981-8100 Fax: (904) 981-8100 |  |  |  |
|  | collier@keithdcollier.com  Name of law firm   |  |  |  |

# Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 56 of 58

# United States Bankruptcy Court Middle District of Florida, Jacksonville Division

| IN RE:                          |   | Case No.  |
|---------------------------------|---|---|
| Riley, Tiffany J.               |   | Chapter 7   |
|                                 | Debtor(s)                                     | <u> </u>  |
|                                 | VERIFICATION OF CREDITO                       | OR MATRIX   |
| The above named debtor(s) herel | by verify(ies) that the attached matrix listi | ing creditors is true to the best of my(our) knowledge. |
|                                 |   |   |
|                                 |   |   |
| Date: June 29, 2016             | Signature: /s/ Tiffany J. Riley               |   |
|                                 | Tiffany J. Riley                              | Debtor  |
|                                 |   |   |
| Date:                           | Signature:                                    |   |
|                                 |   | Joint Debtor, if any                                    |

#### Case 3:16-bk-02469-JAF Doc 1 Filed 06/29/16 Page 57 of 58

Riley, Tiffany J. 917 Davis St NE Live Oak, FL 32064-1931 Capio Partners LLC 2222 Texoma Pkwy Ste 150 Sherman, TX 75090-2481 Global Receivables Sol 2703 N US Highway 75 Sherman, TX 75090-2567

Law Office of Keith D. Collier, PLLC 2350 Park St Jacksonville, FL 32204-4318

Capital One Auto Finance 3901 Dallas Pkwy Plano, TX 75093-7864

Harper Emergency Physicians PO Box 37789 Philadelphia, PA 19101-5089

Aaron Sales & Lease Ow 1015 Cobb Place Blvd NW Kennesaw, GA 30144-3672 Carrington Mortgage SE 1600 S Douglass Rd Anaheim, CA 92806-5948

Harper Emergency Physicians 340 NW Commerce Dr Lake City, FL 32055-4709

Aaron's 2724 US Highway 90 Lake City, FL 32055-9330 Community Finance 816 Ohio Ave S Live Oak, FL 32064-3852 L J Ross Associates In PO Box 1838 Ann Arbor, MI 48106-1838

Advanced America 2941 W US Highway 90 Lake City, FL 32055-7284

DBA Paragon Revenue Gr PO Box 126 Concord, NC 28026-0126 Lake City Medical Center 340 NW Commerce Dr Lake City, FL 32055-4709

Alpata Inpatient Services PO Box 37781 Philadelphia, PA 19101-5081 Direct TV PO Box 5007 Carol Stream, IL 60197-5007 Lake City Medical Center PO Box 740771 Cincinnati, OH 45274-0771

Ameris Bank 2357 W US Highway 90 Lake City, FL 32055-4725 Enhanced Recovery Co L 8014 Bayberry Rd Jacksonville, FL 32256-7412 Lvnv Funding LLC PO Box 10497 Greenville, SC 29603-0497

At T PO Box 769 Arlington, TX 76004-0769 Farmers Furniture PO Box 1140 Dublin, GA 31040-1140 Marinr Finc 5851 Route 42 Turnersville, NJ 08012-1460

Badcock & More Home Furniture 1429 Ohio Ave N Live Oak, FL 32064-4817 Florida Power Light 2618 NE Bascom Norris Dr Lake City, FL 32055-6505 Markone Fin 6410 Southpoint Pkwy # S-3 Jacksonville, FL 32216-8036

Bk of Amer 4909 Savarese Cir Tampa, FL 33634-2413 Ginny's Inc 1112 7th Ave Monroe, WI 53566-1364 Millenium Partners Attn: David H. Morales 21500 Biscayne Blvd Ste 600 Aventura, FL 33180-1256 Mohammed A. Faisal, MD PO Box 3009 Lake City, FL 32056-3009 Sunbelt Crdt 208 E Main St Spartanburg, SC 29306-5127

Montgomery Ward 1112 7th Ave Monroe, WI 53566-1364 Taylor Bean 1417 N Magnolia Ave Ocala, FL 34475-9078

Mott Buick 1301 Howard St W Live Oak, FL 32064-2004 The Cardiac And Vascular Institute 4545 NW 8th Ave Gainesville, FL 32605-4522

Online Collections PO Box 1489 Winterville, NC 28590-1489 Windstream Communications Inc 6410 Southpoint Pkwy # 100 Jacksonville, FL 32216-8022

Progress Energy Florida 400 N Spring Garden Ave Deland, FL 32720-3959

Regional Acceptance Co 1420 E Fire Tower Rd Ste Greenville, NC 27858-4139

Secretary of Housing and Urban Developme 451 7th St SW Washington, DC 20410-0001

Shands Lake Shore 368 NE Franklin St Lake City, FL 32055-3088

Stephon B. Demmi, DMD 437 SW Perimeter Gln Lake City, FL 32025-0498

Summit Financial Corp 100 NW 100th Ave Plantation, FL 33324-7008